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ABSTRACT

This manual is intended to assist families, teachers, and other personnel in helping disabled students make the transition from school to work and adult life. The first section provides an overview of the transition process and outlines a four-step transition model that consists of input and foundation, the actual transition process (which calls for cooperation among parents, students, secondary schools, and providers of rehabilitation and supportive services), employment and adult outcomes, and follow-up. The second section summarizes the roles of the various members of the transition team and details the transition plan. Discussed in the third section are the following aspects of the process of transition team planning: responsibilities of the individual team members, the process of transition plan development, adult service programs, service roles, provision of a continuum of services, options (financial support, day, residential, and leisure/recreation services) available in North Dakota communities, procedures for accessing services, and a transition checklist. A bibliography concludes the guide. Attachments to the guide include sample individualized education program (IEP) transition plans, an application packet, an application checklist for adult services, program synopses, a service directory, a glossary, and an outline of the four-step transition model. (MN)

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TRANSITION

A TEAM APPROACH

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A PROCESS HANDBOOK

This booklet was funded as a part of the project to
"Design a Cooperative Model for Planning and Developing
Transitional Services for North Dakota."

This handbook was prepared through the cooperative efforts of the following departments and their respective divisions and personnel.

Department of Public Instruction
Division of Special Education
Gary Gronberg - Director of Special Education
Deanne Horne - Transition Project Assistant

Department of Human Services
Division of Vocational Rehabilitation
James Leary - Director of Rehabilitative Services
Division of Developmental Disabilities
Rob Graham - Administrator of Adult Services

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Vocational Special Needs
Marcia Schutt - Supervisor of Special Needs

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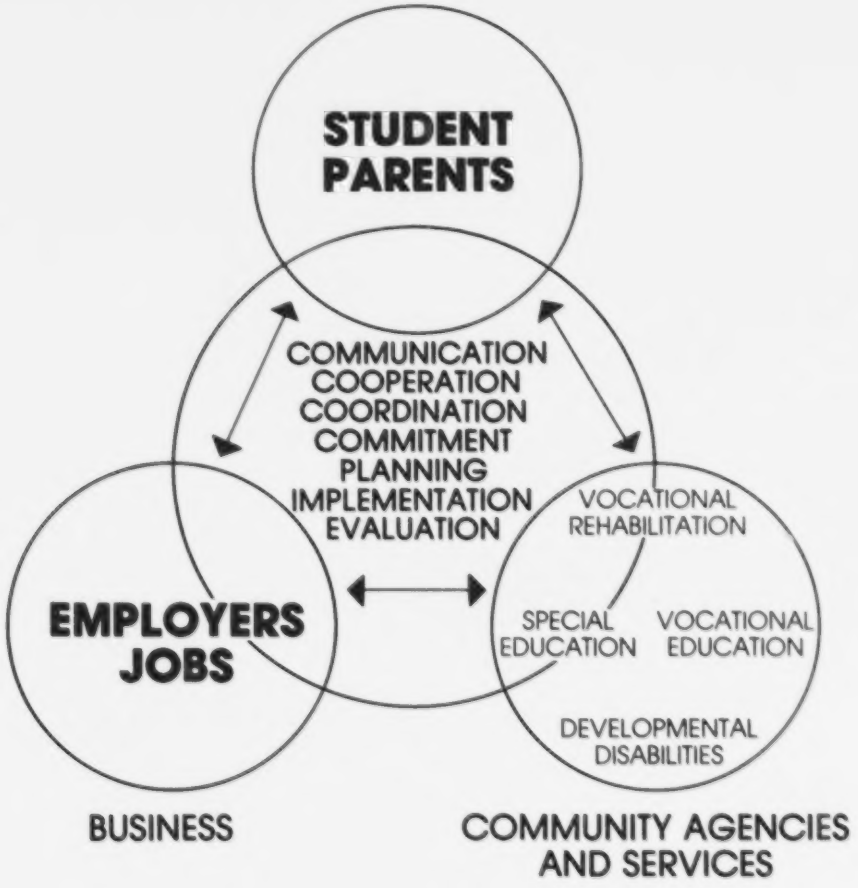
FOREWORD

This manual has been prepared to assist families, teachers and other personnel who work with individuals with handicaps in aiding the student through the transition process, the bridge between school experiences and adult life.



To parent users of this handbook the following strategies for involvement may be appropriate in the planning of your son's or daughter's transition from school to adult life:

1. make sure that vocational training is part of your child's IEP — Individual Education Program;
2. actively support teacher's efforts to provide job training in a variety of jobs in community-based sites;
3. be informed and aware of local and regional services;
4. see that the school, rehabilitation agency, and developmental disabilities agencies are coordinating services and have assigned individuals as case managers before your child graduates;
5. insist that a transition plan that specifies employment training and job placement under designated individuals be designed three to five years prior to your child's graduation;
6. be informed about ongoing innovative employment programs around the country;
7. work with your child at home to promote appropriate behavior, good grooming, wise handling of money, and completion of chores. Allow them to be as independent as possible and especially provide many opportunities to explore and enjoy the community;
8. maintain regular records of outcomes achieved (wages, activities, etc.);
9. request information of progress through training programs;
10. evaluate program effectiveness in relation to son's or daughter's needs;
11. be informed on local funding for adult services;
12. be involved in at least yearly updates of IEP, ISP, IWRP;*
13. help to improve opportunities and services for handicapped adults in general;

    Examples:

    a. serve on board of directors of service provider agency
    b. join or form parent and advocacy groups
    c. join professional organizations concerned with education or adult services
    d. serve on local, state and federal advisory committees.

*These and other terms are defined in the Glossary beginning on page 64.

A Transition Ad Hoc Committee provided guidance in the preparation of this handbook. Appreciation is extended to the following committee members who shared concerns and offered suggestions during the preparation of this document:

Darlene Ritz, Parent, Minot
Kathy Erickson, Parent, Mohall
RoseMary Horning, Parent, Bismarck
Gene Hysjulien, DD Coordinator, Dickinson
Gordon Hegre, Vocational Educator, Fargo
Robert Stuckenbruck, Director of Special Education, Bismarck
Judy Podoll, Parent, Bismarck
Margaret Grotberg, Parent, Valley City
Cindy Vollmer, Parent, Bismarck
David Meade, Executive Director ND Council of School Administrators, Bismarck

TABLE OF CONTENTS

I. Overview 7
Introduction 7
A Four-Step Transition Model 8

II. Team Planning 9
Roles of Transition Team 9
Transition Plan 10

III. Process of Transition Team Planning 11
Transition Team 11
Process for Transition Plan Development 11
Adult Service Programs 12
Service Roles 13
Continuum of Services 15
Options Available in Your Area 16
Figure 2—Standard Questions for Financial Support Services 17
Figure 3—Standard Questions for Day Services 19
Figure 4—Standard Questions for Residential Services 21
Figure 5—Leisure-Recreation Services 23
Procedures for Accessing Services 24
Figure 6—Contact Verification Log 25
Transition Checklist 26

IV. Bibliography 27

V. Attachments
A. IEP Transition Plans 29
B. Application Packet 35
C. Application Checklist—Adult Services 41
D. Program Synopses 49
E. Service Directory 53
F. Glossary 63
G. Four-Step Transition Model 70

I. OVERVIEW

INTRODUCTION

Transition from school to the world of work is a critical period for students receiving special education services. The handicapped young adult and the family must exchange the security of a single service agency—education—for the complexity of multiple service programs, each with different eligibility requirements and different objectives. Students and their families face a set of difficult decisions about the future: where will the young adult live? where will they work? For youth with moderate or severe handicaps, explicit and extensive transition planning will be necessary to bridge the gap between school experiences and adult life.

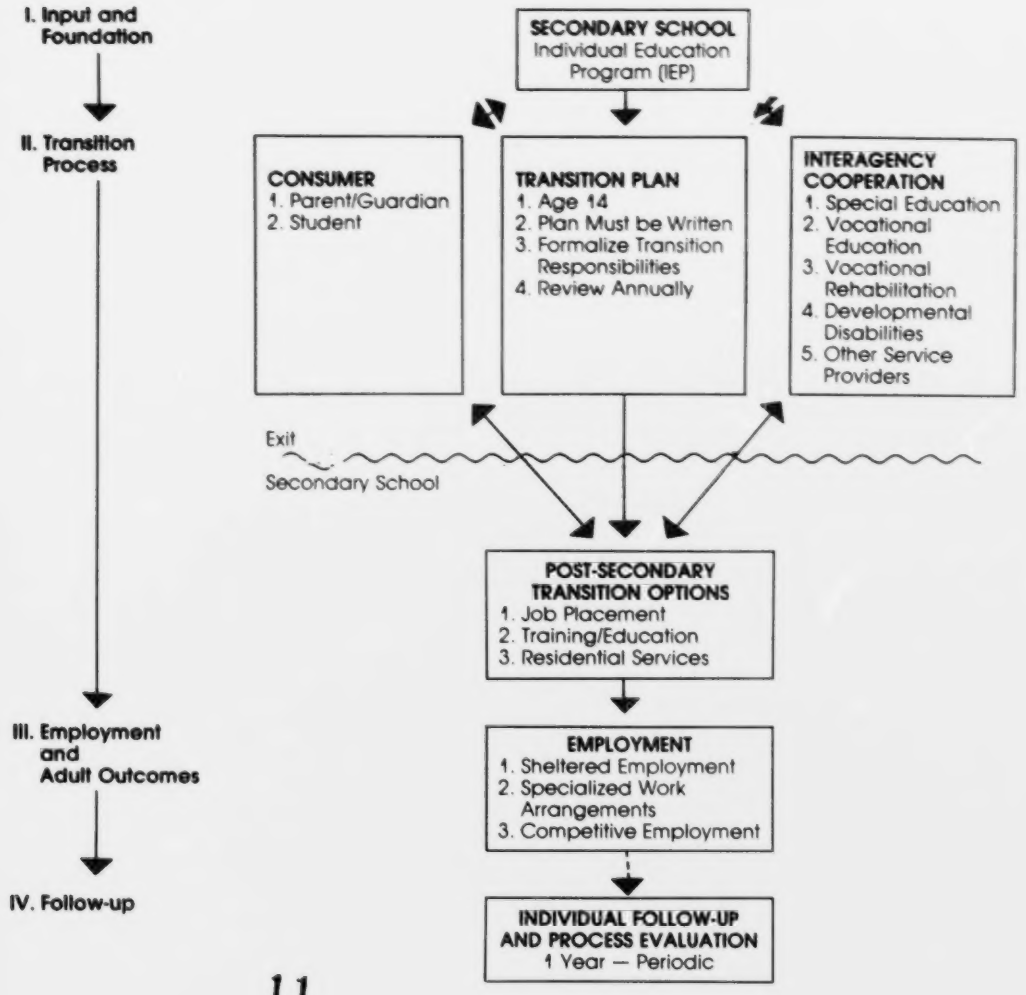
The goals of this transition are complex:
- To arrange for opportunities and services that will support quality adult living,
- to prevent the interruption of needed services, and
- to avoid institutionalization.

Like the secondary school program, the transition process should seek to maximize the productivity, community participation, and independence of student leaving the school system.

TRANSITION: DEFINITION

The transition from school to adult life is an outcome-oriented process encompassing a broad array of services and experiences. Transition is a period that includes high school, the point of graduation, additional post-secondary education or adult services, and the initial years in employment. Transition is a bridge between the security and structure offered by the school and the opportunities and risks of adult life. Any bridge requires both a solid span and a secure foundation at either end. The transition from school to work and adult life requires sound preparation in the secondary school, adequate support at the point of leaving school, and secure opportunities and services, if needed, in adult situations.

A FOUR-STEP TRANSITION MODEL FOR SCHOOL-TO-EMPLOYMENT-AND-ADULT SERVICES FOR INDIVIDUALS WITH HANDICAPS



11

Transition planning is the design of a process for decision making for handicapped students early on in preparation for leaving the school system. This process requires implementation through the IEP transition plan as to the best approaches to successful independent living and employment based on student's interests and abilities.

Requires decisions on:

1. How will the young adult spend their day?
2. Where will the young adult work?
3. Where will they live?
4. What type of leisure or social activities will this person engage in?

A general guide to transition planning is presented in Figure 1, page 26.

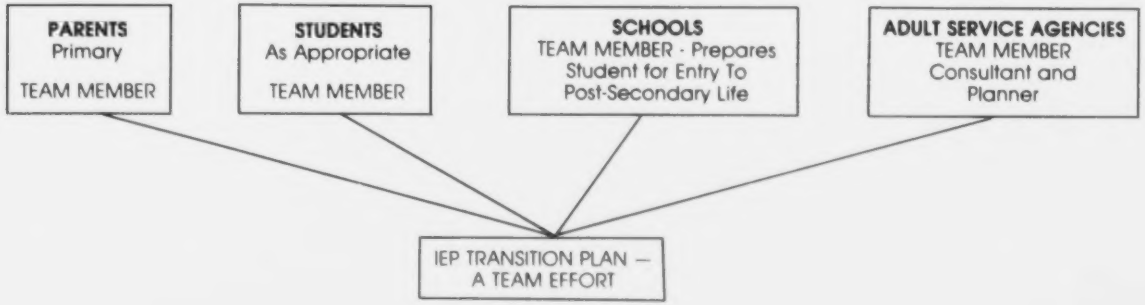
12

II. TEAM PLANNING

A shared sense of responsibility between the parents, schools and the adult service providers is the basis for successful transition team planning as they focus on the individual around whom that relationship evolves, namely, the student. In this spirit of shared responsibility, **communication** begins early in the planning process.

To avoid fragmentation and isolated decisions, team members must be familiar with and committed to the total process of which each separate function is a part. Each member must also be informed of the young adult's unique needs and must consider these needs in carrying out each function. The students and parents must be included in the decision-making which occurs in each separate function as a part of the whole process.

ROLES OF PARENTS, STUDENTS, SCHOOLS AND ADULT SERVICE AGENCIES IN TRANSITION TEAM PLANNING



TRANSITION PLAN

THE PLAN MUST FOCUS ON THOSE CONSIDERATIONS WHICH WILL HAVE THE MOST IMPACT ON THE STUDENT'S SUCCESSFUL INDEPENDENCE OR MAINTENANCE IN THE COMMUNITY. IDEALLY, A TRANSITION PLAN SHOULD:

1. Be an extension of the IEP that provides **long range goals**
2. Bring together all factors which influence program decisions
3. Combine efforts of parents, students, school representatives and adult service providers
4. List high school objectives that help meet long range goals that lead to independent living and employment (See ATTACHMENT A - IEP PLANS, page 29)
5. Address the following considerations in IEP-TRANSITION PLAN
   a. life skills
   b. income support
   c. work/vocational placement/continued education
   d. residential placement
   e. community leisure options (See Figure 6 - Leisure/Recreation Services)
   f. transportation
   g. medical needs
   h. long-term medical care
   i. advocate/guardianship
   j. maintenance of family relationships
   k. insurance
   l. follow-up
   m. others as appropriate
6. Consider these factors in transition planning
   a. The skills and preference of the individual student and family
   b. Family values (the relative importance of work success and wages, integration, etc.)
   c. Family resources (time or money to supplement other services)
   d. Appropriateness of local services

NO SINGLE SERVICE PROGRAM WILL PROVIDE ALL THE OPPORTUNITIES THAT THE TRANSITION TEAM MIGHT DESIRE FOR AN INDIVIDUAL WITH HANDICAPS.

TRANSITION PLANNING SHOULD NOT BE PUT OFF UNTIL A STUDENT'S FINAL YEAR IN SCHOOL!

OF CRITICAL IMPORTANCE:
ASPECTS OF IEP TRANSITION PLANNING SHOULD BE INITIATED AT THE ANNUAL MEETING DURING THE SCHOOL YEAR IN WHICH A STUDENT REACHES HIS 14TH BIRTHDAY.

III. PROCESS OF TRANSITION TEAM PLANNING

Makeup of **IEP TRANSITION TEAM**

At a minimum
1. Student
2. Parents
3. Classroom Teacher
4. Vocational Specialist
5. Adult Service Representative (ASR)
6. If appropriate, representatives of community agencies such as Job Service or Protection and Advocacy

PROCESS FOR ADDRESSING TRANSITION PLAN DEVELOPMENT

IDENTIFY NEEDS OF EACH STUDENT, IDENTIFY PROGRAMS NECESSARY TO MEET THE NEEDS

1. IEP Case Manager chairs the meetings, reviews and summarizes the student's current IEP status
   - level of functioning in each of IEP areas
   - goals and objectives
   - current services
   - educational and related services
   - date of anticipated exit from secondary education

2. Format for transition considerations
   - Viewing the student's current status, team members determine the transition considerations to be discussed
   - Viewing the student's current status, team members develop a recommendation for each consideration
   - The transition team leader records the recommendation, identifies responsibilities and timelines for parents, school and adult service providers

3. Follow-up
   - Before exit from secondary education:
     IEP Transition Case Manager
   - After exit from secondary school:
     Parents, Student and Adult Service Representative

ADULT SERVICE PROGRAMS

Programs that are available to handicapped students leaving the secondary school system are of several types: education and training, residential services, financial support, and job placement/employment programs. Federal and state laws have established different funding sources for a variety of agencies that provide services to adults with handicaps.

Education and Training Programs
1. Post-Secondary Education
2. Trade School Training
3. On-The-Job Training
4. Prevocational Training

Residential Services
1. Adult Group Homes
2. Supervised in Apartments
3. Independent Living

Financial Support Programs — (have a set of "eligibility" requirements to determine if individual qualifies for services)
1. Medical Assistance
2. Housing Assistance
3. Income Support

Job Placement/Employment
1. Sheltered Employment
2. Specialized Work Arrangements
3. Competitive Employment

19

It is important to remember that:

NO SINGLE AGENCY HAS SOLE RESPONSIBILITY FOR SERVICES TO HANDICAPPED ADULTS.

North Dakota has available several advocacy programs that protect the legal and human rights of persons who are handicapped and that can be used to help secure the above services.

Examples:

1. Protection and Advocacy Project (P & A)
2. North Dakota Association for Children with Learning Disabilities (NDACLD)
3. Association for Retarded Citizens (ARC)
4. Legal Aid of North Dakota (LAND)

20

IV. SERVICE ROLES

Following are the services that may be provided in the respective areas, as designated:

Continuum of Services	Provided by SPECIAL EDUCATION	Provided by VOCATIONAL EDUCATION*	Provided by VOCATIONAL REHABILITATION*	Provided by DEVELOPMENTAL DISABILITIES*
A. FIND ACTIVITIES (Locate Students in need of Special Services)	•Awareness •Screening •Referral to Assessment	•Awareness •Referral to Assessment	•Screening •Referral to Assessment	•Public Awareness •Referral to Assessment
B. ASSESSMENT - the process of identification to determine eligibility and assist in program planning. (Assessment is actually on-going because of the developmental nature of the population.) Utilization will be made of existing information by agency receiving referral.	•Educational Data •Psychological/Behavior •Social/Home/Peer •Initial medical diagnoses to determine eligibility •Speech/Language •Vocational •Aptitude/Interest	•Level I-Review and interpretation of existing ability, interest and aptitude information relative to the student's vocational goals and programming and need for support services. •Level II-Administration of additional ability, interest and aptitude assessment relative to the student's vocational goals and programming and need for support services. •Level III-Referral for additional assessment to special education and vocational rehabilitation relative to the student's vocational goals and programming and need for support services.	•Current general health assessment and necessary specialists evaluation (i.e., Psychological, Neurological, Orthopedic, Audiological, etc.) •Vocational Evaluation •Vocational diagnosis utilizing educational, social and vocational information •Functional limitations based on individual's disability and recommendations for remediation •Determination of degree of handicap and its effect on vocational activity	•Functional assessment accomplished by case manager using computerized North Dakota Developmental Disability Case Management System Profile (Minnesota Developmental Profile Scale-Bock) •Psychological assesment must be provided by applicant or other agency as necessary for eligibility determination* •Social and educational assessments must be provided by applicant or other agency* •Medical assessment and history must be provided by applicant or other agency as necessary for eligibility determination* *If the information is not available or more specialized evaluation is deemed necessary a referral will be made to other agency
C. INDIVIDUALIZED PROGRAM PLANNING	•Individual Education Program (IEP) •Transition Plan at age 14 with Vocational Education, Vocational Rehabilitation, and Developmental Disabilities •Participation in IVEP, IWRP, ISP where appropriate	•Individual Vocational Education Plan (IVEP) •Participation in IEP and IWRP where applicable •Transition Plan at age 14 with with Special Education, Vocational Rehabilitation and Developmental Disabilities	•Individualized Written Rehabilitation Program (IWRP) •Participation in IEP, IVEP and ISP where appropriate •Transition Plan at age 14	•Individual Service Plan (ISP) •Transition Plan at age 14 •Participation in IEP, IVEP and IWRP where appropriate

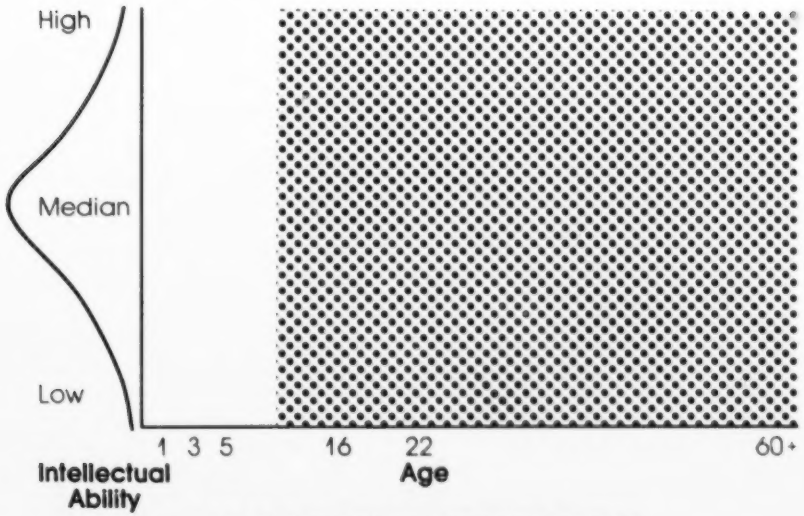
IV. SERVICE ROLES (CONTINUED)

Continuum of Services	Provided by SPECIAL EDUCATION	Provided by VOCATIONAL EDUCATION*	Provided by VOCATIONAL REHABILITATION*	Provided by DEVELOPMENTAL DISABILITIES*
D. PROGRAM IMPLEMENTATION AND TRAINING ACTIVITIES	•Special Education •Pre-vocational/career education •Vocational education •Resource support to regular classroom teachers •Work experience/work study	•Regular Vocational Education Support Services 1. to student 2. to instructor •Modified Regular Vocational Education Support Services 1. to student 2. to parent •Special Vocational Education* •Career Education •Pre-vocational Education •Resource support to education personnel	•Regular vocational education/work adjustment (O.J.T. selective training experience, co-op and related programs) •Adaptive regular (specially designed vocational education/work adjustment) •On-going vocational assessment services •Special (separate) vocational education/work adjustment •Vocational and other training including personal and vocational adjustment, books, tools and other training materials. All on individual needs basis to eligible clients •Planning for post-secondary training •Work experience	•Case Management a. Diagnosis/Evaluation and Assessment b. Case Planning c. Coordination of service delivery d. Monitoring of client progress/outcome •Functional assessment (on-going) •Planning for post-secondary services
E. SERVICE DELIVERY SYSTEM including related services	•Interpreter/notetaker •Reader services for the blind •Special tools, devices for learning and job training site accommodation •Instructional modifications •Special support staff (aides, tutors and paraprofessionals) •Related services (OT, PT and speech correction) •Curriculum modification and development •Special transportation needs •Monitoring services and student progress •Vocational guidance •Personal and family counseling •Psycho therapy	•Instructional modifications •Curriculum modifications and development* •Special support staff (aides, tutors, interpreters, notetakers, readers) •Monitoring services and student progress •Special tools, devices and equipment for learning and job training accommodations •Vocational guidance and counseling •Cooperative education •Program advisory committees *Secondary Education only	•Vocational guidance and counseling •Coordination of medical services if needed to vocationally prepare for job placement a. Assist in locating training stations b. Modify work environment c. Adaptive appliances d. Reimburse employers for training costs (O.J.T.) •Physical and mental restoration •Additional services provided as appropriate •On-the-job training •Transportation •Services to family members •Subsistance while in post-secondary training	•Respite care-as eligible •Family subsidy as eligible •Residential services for children a. Extended family care b. ICF/MR •Infant development •Residential Services •Day Services for Adults

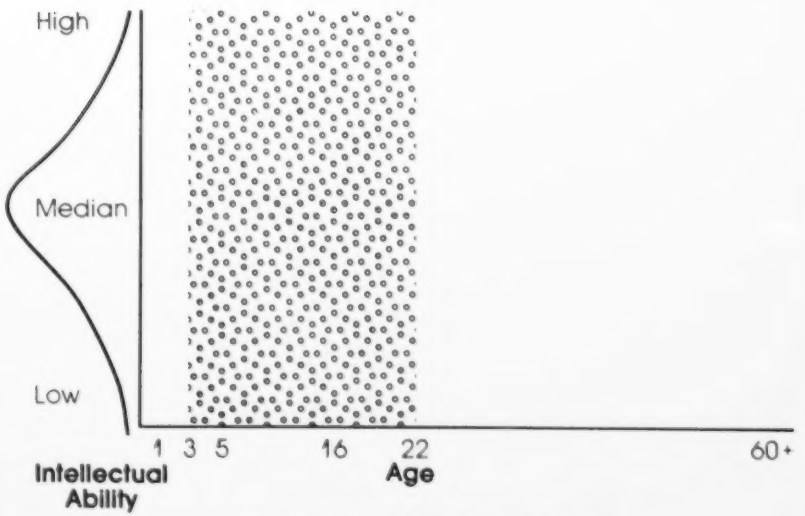
*See Attachment E - Program Synopses

CONTINUUM OF SERVICES FOR THE HANDICAPPED

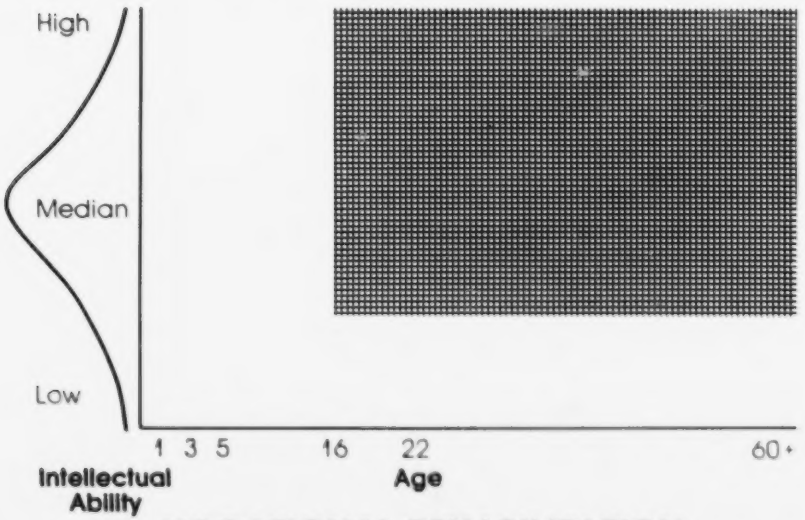
Depicts age range and intellectual functioning served by agency indicated.



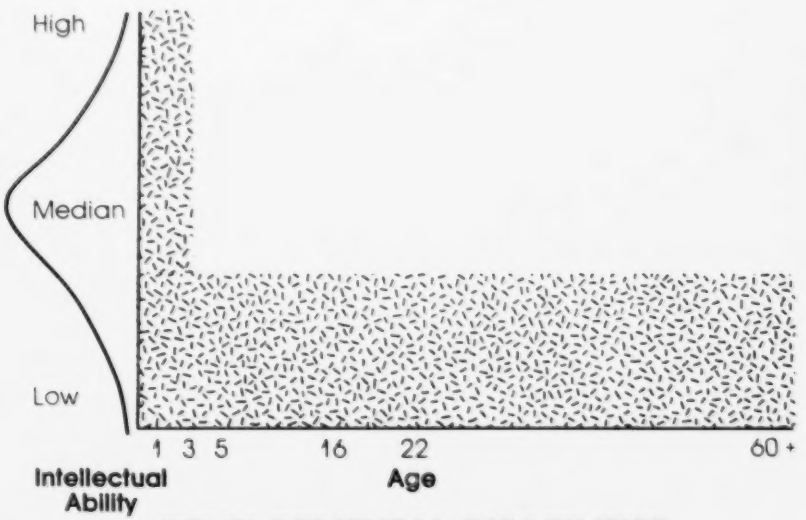
VOCATIONAL EDUCATION



SPECIAL EDUCATION



VOCATIONAL REHABILITATION



DEVELOPMENTAL DISABILITIES

OPTIONS AVAILABLE IN YOUR AREA:

Many communities in North Dakota have a wide range of service alternatives available to the handicapped adult. Service programs can be flexible enough to span the range of handicaps, community opportunities and resources, and family needs and values. Despite the possible array of service alternatives, the actual availability of any one type of service program will vary from community to community.

In order for parents and students to begin to weigh the pros and cons of particular service programs, they must know what service options are available in the local area and what service each program provides.

To help organize information on financial support programs, day services and residential services Figures 2, 3, and 4 provide a standard set of questions and an example to be used as an aid in surveying community options.

SEE FIGURES 2, 3, and 4

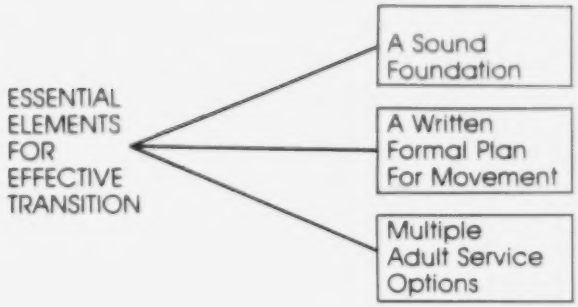

ESSENTIAL ELEMENTS FOR EFFECTIVE TRANSITION
A Sound Foundation
A Written Formal Plan For Movement
Multiple Adult Service Options

FIGURE 2
FINANCIAL SUPPORT PROGRAMS

QUESTIONS	SSI	OTHER FINANCIAL SUPPORT PROGRAMS	
1. What type and quantity of service can your agency provide my child?			
2. What restrictions or conditions would cause my child to lose these services?			
3. How soon will my child begin to receive services?			
4. How long can my child receive services?			
5. What are the procedures for application?			
6. What information should I bring with me?			
7. After making application, what do I do if I am dissatisfied with the decision?			
8. What responsibility for payment of medical expenses do I have as a parent?			

FIGURE 2
FINANCIAL SUPPORT PROGRAMS

QUESTIONS	SSI	OTHER FINANCIAL SUPPORT PROGRAMS	
1. What type and quantity of service can your agency provide my child?	•Income-up to maximum of $314.00 per month without any other income (1985) •Medicaid-Hospitalization up to 16 days. Standard office calls		
2. What restrictions or conditions would cause my child to lose these services?	•Employment-Student loses 50¢ of SSI support for every dollar earned over a $65 disregard •Death of Parent-$1500.00 resource limit. Any liquid assets inherited by student which exceed $1500.00 limit would result in loss of service		
3. How soon will my child begin to receive services?	5 to 16 weeks		
4. How long can my child receive services?	Indefinitely as long as they remain eligible		
5. What are the procedures for application?	Make an appointment at _____office		
6. What information should I bring with me?	•Verification of current income •Verification of liquid assets •Verification of housing expenses and landlord's name •Verification of utility bills •Verification of medical expenses •Names, addresses, and telephone numbers of doctors, clinics, or hospital which serves the student •Medical history •Verification of date of birth •Social Security number •Verification of other services being provided by other agencies •Names, addresses and phone numbers of teacher and school		
7. After making application, what do I do if I am dissatisfied with the decision?	File for reconsideration within 60 days		
8. What responsibility for payment of medical expenses do I have as a parent?	Parent income and/or resources considered under age 22		

FIGURE 3
DAY PROGRAMS

QUESTIONS	EXAMPLE	
1. What type of program?	Work Activities	
2. What is program focus?	Teach independence	
3. How many hours of operation per day?	6½ hour day to 8 hour day	
4. How many days closed in a year?	9 days - Standard holidays and Friday after Thanksgiving	
5. What is program enrollment?	60 licensed	
6. What is I.Q. or functional range?	Will take longer than 18-24 months to make person independent - mostly moderate to severe EMH	
7. What is age range?	18-55	
8. Who is the referring agency?	West Central Human Services DD Coordinator	
9. What are the entrance requirements?	Over 18 Region 6, 7, 8 Priority Developmentally Disabled Ability to pay public or private Have a current ISP Admission Committee review	
10. Is transportation provided?	Yes	
11. Is there a waiting list?	Yes	
12. If placed on a waiting list today, how long before services would be received?	Two weeks to three months	
13. What is the state reimbursement per client?	$25.79 @ day - July 1, 1984	
14. What activities are available/how many hours per day?	50% – 16.25 hours per week - activities of work 35% – 11.25 hours daily living 15% – 4 hours - Community Participation	

FIGURE 3
DAY PROGRAMS

QUESTIONS	EXAMPLE	
15. What is the average monthly wage per client?	$1.43 to $179 per month $100	
16. What is the annual average wage for 1984?	Unknown - $1,400 maybe	
17. What is the average gross commercial revenue for the last 6 months?	March $15,000 year $106,154	
18. How many staff?	6 Direct Care 50 full time day and residential	
19. Where do clients lunch and take breaks?	Client Lunchroom 15 min. coffee M & A - ½ hour lunch	
20. How often do they go into the community?	Individual Program Plan 4 hours a week average	
21. What is the average length of stay per client?	1 year - 20 years	
22. Over the last 5 years, how many clients left your program?	No records at this time	
23. Where did they go?	To a more appropriate activity	
24. What are your program goals for the client?	To be in the least restrictive setting possible	
25. Other	_____	
26. Location	1223 South 12th Bismarck, ND	
27. When should I apply for the program?	Early - The DD Case Manager would be a good advisor. This needs to be addressed in IEP transition meetings before leaving school.	

FIGURE 4
RESIDENTIAL PROGRAMS

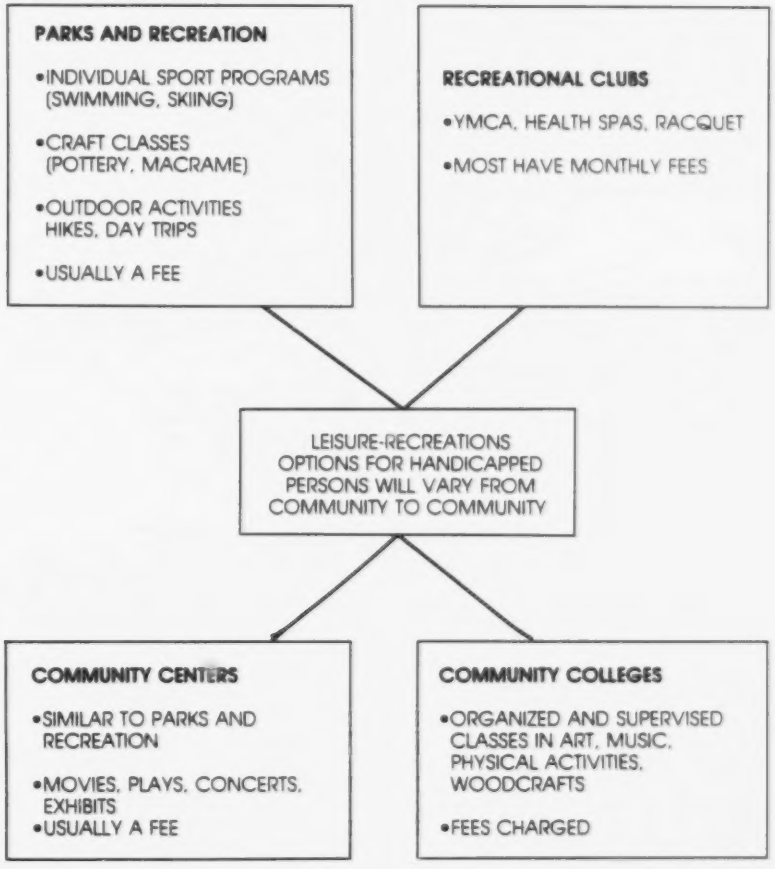
QUESTIONS	EXAMPLE	
1. How many people live there?	8	
2. How long can my child stay and where would they go if they were moved out?	Minimally Supervised Could be long-term move to supported living	
3. Does the residence have a waiting list and how long is it?	Yes Varies	
4. Are there entry requirements?	Admission criteria into minimum supervised home	
5. What is monthly cost for service?	Varies with type of home	
6. How much does my child pay?	Board $120 or varies with type of home	
7. What is the staff to resident ratio per shift?	1 to 8	
8. What support services do you have on call?	Medical Case Managers Administrative Staff Therapies	
9. How much money will my child have for their personal use?	$25 to $45 a month	
10. Will my child receive any special training?	Yes, depending on client's needs	
11. How will their money be monitored?	Independently Residential Staff depends on IPP	
12. Other than room and board, what other service does the residence provide?	Transportation Recreation Normal living activities	

FIGURE 4
RESIDENTIAL PROGRAMS

QUESTIONS	EXAMPLE	
13. What community based leisure activities will you offer my child?	Y Membership Monthly dances ARC Center Community activites - dances, church	
14. How often will they have access to these activities?	Often as they desire	
15. What in-house leisure activities are available to my child?	Games TV Sports Picnics, etc.	
16. What responsibilities will my child have in the upkeep of the home?	All normal maintenance in room. Share inside and outside duties. Rotate cooking.	
17. What living arrangement would my child have?	1 in room, maybe 2	
18. What type of supervision will my child receive?	Resident to staff ratio is 1 to 8	
19. How will my child's privacy and belongings be maintained?	By client and residential staff. There are some locked facilities available.	
20. What community resources are available within a ten minute walk or bus ride?	Close to Gateway Shopping area. Transportation provided to other places.	
21. Do you encourage family visits?	Yes	
22. Can parents, friends take person out for events?	Yes, encouraged	

FIGURE 5
LEISURE-RECREATION SERVICES

When planning for leisure and recreation activities, the person who is handicapped and parents need to keep in mind that these services may not be provided for by Developmental Disabilities or Vocational Rehabilitation but are a very important element in adult life.


PARKS AND RECREATION
•INDIVIDUAL SPORT PROGRAMS (SWIMMING, SKIING)
•CRAFT CLASSES (POTTERY, MACRAME)
•OUTDOOR ACTIVITIES HIKES, DAY TRIPS
•USUALLY A FEE
RECREATIONAL CLUBS
•YMCA, HEALTH SPAS, RACQUET
•MOST HAVE MONTHLY FEES
LEISURE-RECREATIONS OPTIONS FOR HANDICAPPED PERSONS WILL VARY FROM COMMUNITY TO COMMUNITY
COMMUNITY CENTERS
•SIMILAR TO PARKS AND RECREATION
•MOVIES, PLAYS, CONCERTS, EXHIBITS
•USUALLY A FEE
COMMUNITY COLLEGES
•ORGANIZED AND SUPERVISED CLASSES IN ART, MUSIC, PHYSICAL ACTIVITIES, WOODCRAFTS
•FEES CHARGED

Each potential leisure activity should be examined using the following questions as a guide:

1. **Will the activity/program occur regularly?**
   An optimal leisure plan would include a balance of ongoing and one-time-only activities.

2. **How much will the activity/program cost?**
   Costs of leisure activities need to be budgeted.

3. **How will my son or daughter get to the activity?**
   Parents should assist the school or residential program to establish and identify activities which are accessible.

4. **Is the activity appropriate to the age of my son or daughter?**
   Leisure activities which highlight the differences between handicapped and nonhandicapped peers will only serve to isolate them within the community.

5. **Is the activity integrated?**
   Concentrating on "handicapped only" activities unnecessarily excludes individuals from many leisure opportunities and prevents interaction with the nonhandicapped.

6. **Does the activity/service expand leisure options?**
   Each of us have favorite activities that we do regularly. We discovered these activities by sampling what was available and by learning how to do them well enough to determine if we really like them. Opportunities to grow and sample other alternatives is a critical element in a high quality of life. Parents should be concerned about leisure programs which force everyone to bowl or everyone to swim.

PROCEDURES FOR ACCESSING SERVICES

APPLICATION PACKET:
Most agencies require some basic information from parents or students when an application is made. If this information is available during the initial interview it will facilitate the processing of the application. The Application Packet (Attachment B) can be taken to all application interviews. Though not all agencies will require all of the information, having it all together in a single place will save time and energy.

SEE ATTACHMENT B PAGE 35

APPLICATION CHECKLIST:
A procedural checklist to facilitate application to each major service program is presented in Attachment C. The checklists are organized so parents can comprehensively prepare for an interview with each agency and monitor the application and follow-up process.

SEE ATTACHMENT C PAGE 41

CONTACT VERIFICATION LOG:
Although most applications are processed without incident, records of correspondence and telephone contacts must be kept in the case of disagreements with service providers. Agencies will keep files of correspondence and contacts made to you; to ensure a balanced perspective you must do the same. Figure 6 is provided to aid parents in this effort.

SEE FIGURE 6

FIGURE 6
CONTACT VERIFICATION LOG

Date	Type of Contact			Who Initiated Contact		Discussion/Recommendations
	Letter	Telephone	In Person	Agency	Parent	

FIGURE 1
TRANSITION CHECKLIST

Age of Student	Action	How to Initiate	Who
14	1. See that copy of transition handbook is given to all IEP members prior to IEP meeting	Contact Special Education Teacher or Special Education Director	Case Manager or Special Education Director
14**	2. Review students cumulative file and determine IEP Transition Team makeup		Case Manager and other ASR's as deemed appropriate
14	3. Obtain Social Security Number	Call Social Security Office*	Parent/Student
14	4. Hold IEP Transition meeting, develop transition plan as part of IEP, to be reviewed at least annually ____ Vocational Component ____ Life Skills Component	Case Manager	IEP Transition Team
14	5. Additional assessment by Special Education, Vocational Education, Developmental Disabilities, Vocational Rehabilitation as deemed appropriate		IEP Transition Team
16***	6. Consider Adult Service Programs ____ Education and Training ____ Financial Support Programs _____ SSI _____ Medical _____ Other ____ Residential Programs ____ Employment/Job Placement	See Attachment B and C	Parent/Student
17	7. Consider guardianship	Seek Legal Advice	Parent
2 yrs. b/4 exit	8. Make application to Adult Service Agency	See Attachment B and C	Parent
	9. Develop long term plan for financial support		IEP Transition Team
2 yrs. b/4 exit	10. Post-Secondary Plan ___ ISP ___ IWRP ___ Other		
	11. Adult service entered upon exit from Secondary School Program		IEP Transition Team
	12. Follow-up		ASR

* See Service Directory for North Dakota Attachment E Page 53

** Age 14 is not too early for consultative services. Referrals one or two years before exiting secondary education may result in wait time for services.

*** These times are only approximate. For some students this will be age 17, for others it may be age 20. Planning may have to occur even earlier depending on the length of local waiting list and/or the severity of the student's handicap.

IV. BIBLIOGRAPHY

Barta, Robert and Zenk, George, Jr. A Study to Determine the Feasibility of Prevocational Programming for Severely Handicapped in the Public Schools in Rural North Dakota, North Dakota State Board for Vocational Education. August, 1981.

Brolin, Donn E. "Establishing a Context for Discussing Transition Issues". Paper presented at the Mountain Plains Regional Resource Center and Rehabilitation Services Administration Region VII Conference, Kansas City, Missouri. May, 1985.

Brown, James and Kayser, Terrence. The Transition of Special Needs Learners Into Postsecondary Vocational Education, Univeristy of Minnesota and Minnesota State Department of Education. June, 1982.

Brown, James M., "A Model for Enhancing the Transition of Mildly Handicapped Youth into Post Secondary Vocational Education". **Interchange**, University of Illinois at Urbana-Champaign. January, 1985.

Halloran, William and Razeghi, Jane Ann. "Problems Associated with Handicapped Individuals' Assessing Education, Training, and Employment Programs: A National Perspective." **Career Development for Exceptional Individuals**, Volume 4, No. 1, 1981.

Individualized Vocational Education Plan for Vocational Special Needs, North Dakota State Board for Vocational Education, Bismarck, North Dakota. May, 1984.

Martin, Edwin W. "Perspectives: The National Center on Employment of the Disabled". **The Exceptional Parent.** May, 1985.

McDonnel, John; Sheehan, Martin; and Wilcox, Barbara. Effective Transition from School to Work and Adult Services: A Procedural Handbook for Parents and Teachers, Specialized Training Program, University of Oregon, developed under Contract No. 300-81-04-8 from U.S. Department of Education, 1983.

North Dakota Interagency Cooperative Agreement Between the State Board for Vocational Education, North Dakota Department of Public Instruction and the North Dakota Department of Human Services. August, 1985.

Palmer, John. "Youth in Transition: What Parents Should Know". **The Exceptional Parent.** May, 1985.

Performance Guide of Planning, Implementing and Evaluating Vocational Special Needs, North Dakota State Board for Vocational Education, Bismarck, North Dakota. February, 1984.

Program Standards for Vocational Special Needs, North Dakota State Board for Vocational Education, Bismarck, North Dakota. February, 1984.

Rehabilitation Research and Training Center at Virginia Commonwealth University (RRTC). "School to Work Transition". Volume 2, No. 1, 1985.

Vandergoot, David and McCarthy, Henry. "Moving From School to Work: What the Research Says". **The Exceptional Parent.** May, 1985.

Victor, Jack and Swirsky, Jessica. "Meeting Needs: Career Education, Independent Living, Community Resources, and the Family". **The Exceptional Parent.** May, 1985.

Vocational Assessment for Vocational Special Needs, North Dakota State Board for Vocational Education, Bismarck, North Dakota. May, 1984.

Wehman, Paul. "Transition for Handicapped Youth From School to Work". **Interchange**, University of Illinois at Urbana-Champaign. October, 1984.

West Virginia Department of Education, "Bridges: Transition". 1985.

Will, Madeline. "OSERS Programming for the Transition of Youth With Disabilities: Bridges From School to Working Life". OSERS Position on Transition Programming. 1984.

ATTACHMENT A:
IEP - TRANSITION PLANS

SAMPLE A
SAMPLE B

INDIVIDUAL EDUCATION TRANSITION PLAN

SAMPLE A

GOAL: _____

_____

OBJECTIVES	TIMELINE	ASSIGNMENTS	COORDINATION

Evaluation Objective: How will you know when you have achieved your objectives?

_____

_____

_____

TRANSITION PLAN

SAMPLE B

Date _____

Student's Name _____ Age _____ Date of Graduation _____

High School _____

Participants _____

_____

Transition Considerations	Recommendations	Responsibilities					
		Student/Parent/Guardian		School		Adult Service Providers	
		Action	Time Line	Action	Time Line	Action	Time Line
1. Life Skills							
2. Income Support							
3. Work/ Vocational Placement/ Education							
4. Residential Placement							

TRANSITION PLAN

Transition Considerations	Recommendations	Responsibilities					
		Student/Parent/Guardian		School		Adult Service Providers	
		Action	Time Line	Action	Time Line	Action	Time Line
5. Community Leisure Options							
6. Transportation							
7. Medical Needs							
8. Long-Term Care							

TRANSITION PLAN

Transition Considerations	Recommendations	Responsibilities					
		Student/Parent/Guardian		School		Adult Service Providers	
		Action	Time Line	Action	Time Line	Action	Time Line
9. Advocate/ Guardianship							
10. Maintenance of Family Relation-ships							
11. Insurance							
12. Follow-Up							
13. Others As Appropriate							

We the undersigned have participated in the development of _____'s Transition Plan and agree to carry out the recommendations specified within.

_____ Parent/date

_____ Student/date

_____ Classroom Teacher/date

_____ LEA Representative/date

Adult Service Providers:

_____ /date

_____ /date

_____ /date

_____ /date

_____ /date

_____ /date

ATTACHMENT B:
APPLICATION PACKET

I. Student Demographic Information

1. Student's Complete Name: _____
2. Student's Address: _____
3. Student's Telephone Number(s): _____
4. Student's Date and Place of Birth (attach birth certificate or baptismal record]: _____
5. Worker's Permit Number: _____
6. Student's Social Security Number: _____
7. Student's Parents' Name, Address, Telephone Number(s), and Place of Birth: _____
8. Student's Guardian's Name, Address, and Telephone Number(s): _____
9. Person who can be contacted in case of emergency: _____
10. Student's Brother's and Sister's Names and Addresses:
    a. _____
    b. _____
    c. _____
    d. _____

II. Medical Information

1. Student's Doctors' Name, Address, and Telephone Number(s):

2. Student's Dentist's Name, Address and Telephone Number(s):

3. Clinic's Address and Telephone Number(s) who have served Student:

4. Recent Illness or Medical Treatment (Attach Xerox of records from doctor's office):

Illness or Treatment	Date

5. Current Medications

Medication	Illness	Cost

6. Health Insurance

Vendor	Type	Policy Number	Cost

7. Current Ongoing Health Expenses

Type	Illness	Provided by	Cost

8. Immunization Records (Attach Copy)

III. Financial Information

1. Income: Employment (Attach W-4 forms, check stubs, bank statements)

	Employer, Name, Address and Phone Number	Position	Salary or Wage/Month
Student			
Father			
Mother			
Siblings (if living at home)			

Agency Assistance (Attach check stubs, bank statements)

	Agency	Program Name	Type	Amount/Month
Student				
Father				
Mother				
Siblings				

PROPERTY OWNED

Description	Date of Ownership

DRAFT REGISTRATION NUMBER _____

DATE _____

(Copy of Registration Card)

(Copy of Guardianship Records)

2. Expenses Per Month (Attach statements of billing)

	HOUSING	INSURANCE	UTILITIES	FOOD	CLOTHING	ENTERTAINMENT	TRANSPORTATION	OTHER (Specify)
Student (If not living at home)								
Family								

3. Debts (Attach statements of billing)

	DEBTOR	TOTAL DEBT	MONTHLY PAYMENT	DATE DEBT INCURRED
Student				
Family				

4. Agency Contacts (Attach award letters)

	Agency Name, Address, and Phone Number	Case Manager's Name	Services Received
Student			
Family			

ATTACHMENT C:
APPLICATION PROCEDURES FOR ADULT SERVICES

APPLICATION FOR SSI

STEP	STEP COMPLETED	DATE	SOURCES OF INFORMATION REQUIRED TO TAKE WITH YOU	OTHER
I. COMPLETE THESE STEPS PRIOR TO MAKING APPOINTMENT AT SSI:				
1. Obtain student's Social Security Number			Social Security card	If lost or student doesn't have one, apply at Social Security Office
2. Obtain verification of date and place of birth			Birth certificate or baptismal records	If lost, write or call Office of Public Records in the town in which the student was born
3. Obtain medical records and/or names, addresses and phone number of doctors, hospitals, and clinics			Doctors office, hospital or clinic	
4. Obtain names, addresses, and phone numbers of school principal, special education supervisor and teacher			Phone book or teacher	
5. a. Name, address, phone number of employers				
b. Obtain records of wages (student's and parents')			W-4 forms, check stubs, tax forms, bank statements	If the student has no income, parents must submit their financial records
6. a. Name, address, phone number of landlord, mortgage holder				If student has none, parents must submit their records
b. Obtain records of lease, rent, or home mortgage			Copy of lease agreement, rent receipts, canceled checks, statements from mortgage holder	
7. Obtain dollar estimates of support for student by parents or guardian for: a. rent b. insurance c. fuel d. electricity e. gas f. water, and/or g. sewer			Statement of billings, canceled checks	
8. Obtain estimates of unpaid expenses by student			Statement of billings: car loans, etc.	If student has no unpaid expenses, parents' unpaid expenses

APPLICATION FOR SSI

STEP	STEP COMPLETED	DATE	SOURCES OF INFORMATION REQUIRED TO TAKE WITH YOU	OTHER
9. Obtain evidence of support from other government agencies: a. Aid to Families with Dependent Children			Check stubs and letters of verification for eligibility	This should include support for any family member
b. Bureau of Indian Affairs				
c. General Assistance (GA) from Adult and Family Services				
II. APPLICATION 1. Make an appointment with _____			•SSI for Retarded People (SSA) 79-11050	
2. Date of Appointment: _____ Keep appointment and make copies of any written correspondence to the SS office			•SSI for the Aged, Blind, Disabled (SSA) 78-11000 •What You Have to Know About SSI (SSA) 74-11011	The SS interviewer will walk parents through interview
III. FOLLOW-UP 1. Keep copies of any written correspondence with the Social Security office			•A Guide to Supplemental Income (SSA) 79-11051	
2. Record receipt of: a. Social Security Award Letter			•Questioning the Decision or Supplemental Security Income Claims (SSA) 76-110008	
b. Receive SSI payment				
c. Receive Medicaid card and benefits explanation			From: US Department of HEW Social Security Administration HEW Publication Baltimore, MD 21235	
d. Receive notice of Medicare care				

APPLICATION FOR DEVELOPMENTAL DISABILITIES

STEP	STEP COMPLETED	DATE	SOURCES OF INFORMATION REQUIRED TO TAKE WITH YOU	OTHER
I. COMPLETE THESE STEPS PRIOR TO MAKING APPLICATION APPOINTMENT:				
1. Obtain student's Social Security Number			Social Security card	If lost or student doesn't have one, apply at Social Security Office
2. Obtain verification of date and place of birth			Birth certificate or baptismal records	If lost, write or call Office of Public Records in the town in which the student was born
3. Obtain names, addresses, and telephone numbers of the student's current:			Telephone book or doctor's office, clinic or hospital	
a. doctor(s)				
b. clinic(s)				
c. hospital(s)				
4. Date of last visit to doctor				
5. Health Insurance Policy Numbers or Group Numbers			Insurance Policy or Group card	
6. List of current medications				
7. Obtain names, addresses, and telephone numbers of service representatives from other agencies:			Telephone book or recent correspondence	
a. classroom teacher				
b. Social Security				
c. Job Service				
d. Division of Vocational Rehabilitation				
e. County Social Services				
8. a. Obtain names, addresses, and telephone numbers of parents' and student's employers				
b. Obtain records of wages			W-4 forms, check stubs, tax forms, bank statements	

APPLICATION FOR DEVELOPMENTAL DISABILITIES

STEP	STEP COMPLETED	DATE	SOURCES OF INFORMATION REQUIRED TO TAKE WITH YOU	OTHER
9. Obtain dollar estimates of debts owed directly by student and/or family			Statement of billings Check stubs and award letters	
10. Obtain evidence of support from other agencies, if applicable:				
a. SSI				
b. Bureau of Indian Affairs				
c. Social Security				
d. County Social Services				
e. Other				
II. APPLICATION				
1. Make an appointment with Developmental Disabilities Unit at Local Human Service Center, _____ (contact person) at _____ (telephone number)				
2. Date of appointment: _____ Keep appointment.				
III. FOLLOW-UP				
1. Keep copies of any correspondence to Developmental Disabilities Representative				
2. Record receipt of:				
a. name of notification of student's Developmental Disabilities Case Manager				
b. visitations made to residential options				
c. visitations made to vocational options				
d. copy of Individual Service Plan (ISP)				

APPLICATION TO THE DIVISION OF VOCATIONAL REHABILITATION (DVR)

STEP	STEP COMPLETED	DATE	SOURCES OF INFORMATION REQUIRED TO TAKE WITH YOU	OTHER
I. COMPLETE THESE STEPS PRIOR TO MAKING AN APPLICATION APPOINTMENT:				
1. Obtain student's Social Security Number			Social Security card	If lost or student doesn't have one, apply at Social Security Office
2. Obtain verification of date and place of birth			Birth certificate or baptismal records	If lost, write or call Office of Public Records in the town in which the student was born
3. Obtain names, addresses, and telephone numbers of the student's current:			Telephone book or doctor's, hospital or clinic office	
a. doctor(s)				
b. clinic(s)				
c. hospital(s)				
4. Health insurance policy numbers or group numbers			Insurance policy or card	
5. List of current medications				
6. Obtain names, addresses, and telephone numbers of service representatives from other agencies:			Telephone book and most recent correspondence	
a. Social Security				
b. Job Service				
c. Developmental Disabilities				
d. public school - classroom teacher				

APPLICATION TO THE DIVISION OF VOCATIONAL REHABILITATION (DVR)

STEP	STEP COMPLETED	DATE	SOURCES OF INFORMATION REQUIRED TO TAKE WITH YOU	OTHER
II. APPLICATION 1. Make an appointment with _____ (contact person) at the Division of Vocational Rehabilitation _____ (telephone number) 2. Date, time and place of appointment: _____ . _____ and _____ _____ III. FOLLOW-UP 1. Keep copies of any written correspondence: a. date of award letter b. date of screening c. date of placement d. date of service ending				

81

82

ATTACHMENT D:
PROGRAM SYNOPSES

NORTH DAKOTA DIVISION OF VOCATIONAL REHABILITATION

Vocational Rehabilitation is a State-Federal program to provide the services necessary to enable the handicapped individual to prepare for or maintain himself in employment.

The North Dakota Division of Vocational Rehabilitation is administered through the North Dakota Department of Human Services.

Federal Funds are available to North Dakota on a matching basis with the State providing twenty percent of the funds and the Federal allotment accounting for eighty percent.

A handicapped individual is eligible for services if there is: 1) a physical or mental disability which for such individual constitutes or results in a substantial handicap to employment; and 2) a reasonable expectation that an individual can benefit in terms of employability from the provision of vocational rehabilitation services.

Under the Rehabilitation Act of 1973, as amended, services other than diagnosis or evaluation must be provided in accordance with the Individualized Written Rehabilitation Program, which is initiated and continually developed for each handicapped individual eligible for vocational rehabilitation services. Also in the Act, it states that when a handicapped individual is eligible for similar benefits through another program, they will be utilized if it does not significantly delay the services to the individual.

Anyone who has or is believed to have an impairment in preparing for employment, becoming employed, or maintaining employment, because of a physical or mental disability, can be referred to Vocational Rehabilitation. There are no age restrictions, but the individual must be able to benefit from services in terms of employability.

Services offered through Vocational Rehabilitation include, but are not limited to:

1. evaluation of rehabilitation potential, including diagnostic and related services;
2. counseling, guidance counseling and referral services;
3. physical and mental restoration services;
4. vocational and other training services, including personal and vocational adjustment, books, tools, and other materials;
5. maintenance;
6. transportation;
7. services to members of a handicapped individual's family when such services are necessary to the adjustment for rehabilitation of the handicapped individual;
8. interpreter services for the deaf;
9. reader services, rehabilitation teaching services, and orientation and mobility services for the blind;
10. telecommunication, sensory, and other technical aids and devices;
11. placement in suitable employment;
12. post-employment services necessary to assist handicapped individuals to maintain suitable employment;
13. occupational licenses, tools, equipment, and initial stocks and supplies; and
14. such other goods and services which can reasonably be expected to benefit a handicapped individual in terms of his employability.

NORTH DAKOTA DIVISION OF DEVELOPMENTAL DISABILITIES

Developmental Disabilities Case Management Services provide help to those children or adults with developmental disabilities by assisting them in planning, obtaining and monitoring needed services. Any person is eligible for case management services whose severe, chronic disability:

A. is attributable to a mental of physical impairment or combination of mental or physical impairments;

B. is manifested before the person attains age twenty-two;

C. is likely to continue indefinitely;

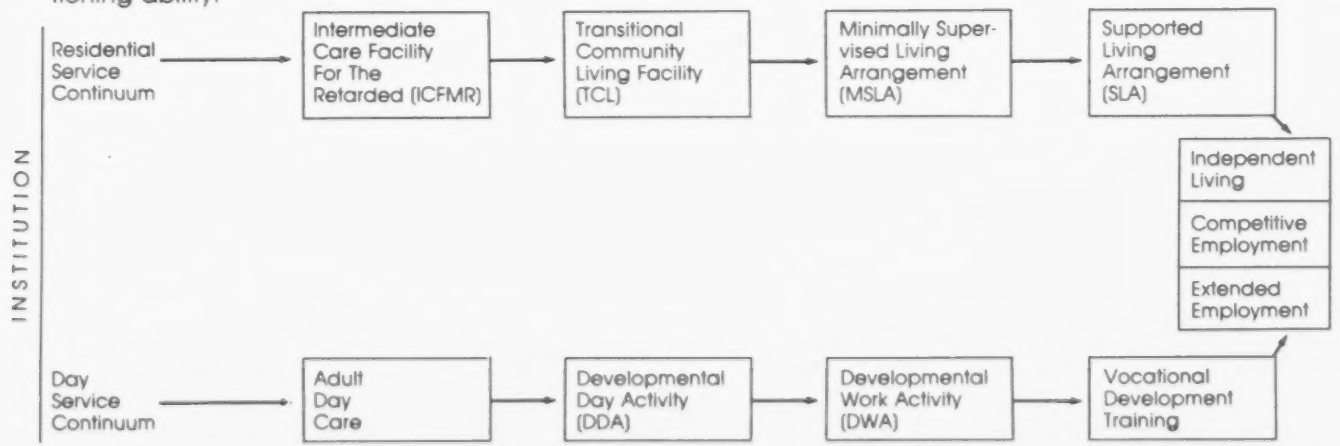
D. results in substantial functional limitations in three or more of the following areas of major life activity:

1. self-care (ability to eat, dress and take care of one's health);
2. receptive and expressive language (ability to hear and understand others and to be understood by others);
3. learning;
4. mobility (ability to get around inside and outside of home, school and work);
5. self-direction (ability to make decisions about others, education, jobs, money and other living skills);
6. capacity for independent living (ability to live safely without assistance at least half of the time);
7. economic self-sufficiency (ability to work and earn a living;

E. reflects the person's need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services which are lifelong or of extended duration and are individually planned and coordinated.

DIAGRAM OF DEVELOPMENTAL DISABILITIES CORE SERVICES FOR ADULTS

Developmental disability licensed services in North Dakota are delivered by service providers using a dual-track system of residential and day services. Individuals may enter the system at any level depending on their functioning ability.



NORTH DAKOTA STATE BOARD FOR VOCATIONAL EDUCATION

The State Board for Vocational Education, responsible for vocational education in North Dakota, works with public school districts, postsecondary educational institutions, and other state agencies which conduct vocational education programs. The Board's responsibilities include assistance in planning, implementing, and evaluating their programs. Vocational education programs are to be made accessible to all persons.

Vocational education is a program of instruction designed to prepare individuals with employability skills as semi-skilled workers or technicians in occupations requiring less than a baccalaureate degree. Vocational education also recognizes and may include the teaching of compatible skills or communications, decision-making, learning to learn, and personal and occupational responsibility. Vocational education instructional programs, which may include Office Education, Marketing and Distributive Education, Home Economics Education, Trades and Industrial Education, Health Occupations, Agriculture Education, and Industrial Arts, are to be made accessible to all persons.

Vocational Special Needs

Based on past enrollment of special needs students in vocational education, schools may be eligible for set aside funds expendable for supplemental or additional staff, equipment, materials and services that are essential for handicapped and/or disadvantaged individuals to participate in vocational education. Funds are provided on a matching basis.

Special Needs programs/services are provided to students based on individual vocational education plans. These plans are developed by a multidisciplinary team, are based on vocational assessment information, and identify realistic long range and immediate vocational goals and objectives. Programs/services include instruction and support services. Instruction includes vocational, prevocational, basic skills (related to vocational education), and employability instruction. Support services include but are not limited to vocational assessment and planning, counseling, resource assistance to school personnel and to students, tutoring, interpreting, remediation, work experience, and job placements.

Post Secondary Institutions

Post secondary institutions in North Dakota offer a wide variety of education/training options. Support programs and services for disabled students who meet institutional entrance requirements vary in quality and breadth and are based on the federal mandates that equal opportunity be assured. Services generally include remedial assistance; specialized services, i.e., notetaking, counseling; and placement assistance. If a student is not a client of a rehabilitation agency, cost for the services is generally incurred by the institution.

For information on North Dakota institutions see the most recent booklet on Post-Secondary Institutions and Special Students in North Dakota. This is available through the State Supervisor of Vocational Guidance, North Dakota State Board for Vocational Education, State Capitol, Bismarck, North Dakota 58505.

ATTACHMENT E:
SERVICE DIRECTORY FOR NORTH DAKOTA

NORTH DAKOTA SERVICE AGENCIES

Department of Human Services Judicial Wing/State Capitol Bismarck, North Dakota 58505	Mr. John Graham, Executive Director (701) 224-2310	Dr. Darvin Hirsch, Director Division of Development Disabilities (701) 224-2768 Mr. James O. Fine, Director Division of Vocational Rehabilitation (701) 224-2907
Department of Public Instruction State Capitol Bismarck, North Dakota 58505	Dr. Wayne G. Sanstead, Superintendent (701) 224-2261	Dr. Gary Gronberg Director of Special Education (701) 224-2277
State Board for Vocational Education State Capitol Bismarck, North Dakota 58505	Mr. Carrol E. Burchinal State Director and Executive Officer (701) 224-3180	Ms. Marcia Schutt Supervisor of Vocational Special Needs (701) 224-3178

Names, addresses and telephone numbers for vocational education personnel are not included in this handbook because the responsibility for vocational programming varies from school district to school district.

For information as to vocational education options you should contact the following person(s) (beginning with the IEP Case Manager).

1. IEP Transition Case Manager
2. Vocational Resource Educator
3. School Superintendent or
4. Vocational Director

Social Security Administration
Information No.: 1-800-342-4570

NORTH DAKOTA SPECIAL EDUCATION ADMINISTRATIVE UNITS

	School Districts Served
Badlands Special Education Unit Ms. Lynn Hansen, Director of Special Education 173 22 St. E., Dickinson, ND 58601 (701) 227-1257	Beach, Belfield, Billings County, Dodge, Golva, Halliday, Killdeer, Richardton, South Heart, Taylor, Twin Buttes
Bismarck Special Education Unit Mr. Robert L. Stuckenbruck Director of Special Education 400 Ave. E. East, Bismarck, ND 58501 (701) 221-3754	Bismarck
Buffalo Valley Special Education Unit Mr. Ray R. Houser, Director of Special Education 122 Second St. SE, Jamestown, ND 58401 (701) 252-3376	Buchanan, Eldridge, Jamestown, Kensal, Medina, Mountpelier, Pingree, Spiritwood, Streeter, Wimbledon/Courtenay, Woodworth
Burleigh County Special Education Unit Mr. Martin Huschka, Director of Special Education 203 N. 29 St., Bismarck, ND 58501 (701) 221-3755	Apple Creek, Baldwin, Driscoll, Grass Lake, Lincoln, Manning, McKenzie, Menoken, Naughton, Regan, Sterling, Telfer, Wing
Dickey LaMoure Multidistrict Special Education Unit Mrs. Rhoda R. Young, Director of Special Education LaMoure Clinic—Box 655, LaMoure, ND 58458 (701) 883-5729	Edgeley, Ellendale, Forbes, Fullerton, Jud, Kulm, LaMoure, Marion, Monango, Nortonville, Verona
Dickinson Special Education Unit Mr. Rodger A. Miller, Director of Special Education P.O. Box 1057, Dickinson, ND 58602-1057 (701) 225-1550	Dickinson, Lefor, St. Pius
East Central Special Education Unit Mr. Robert W. Carpenter Director of Special Education P.O. Box 266, New Rockford, ND 58356 (701) 947-5015	Carrington, Glenfield-Sutton-McHenry, Grace City, New Rockford, Oberon, Sheyenne
Emmons County Special Education Unit Ms. Norma J. Streyle, Director of Special Education P.O. Box 14, Linton, ND 58552 (701) 254-4221	Bakker, Braddock, Glanavon, Hague, Hazelton-Moffit, Linton, Odessa, Strasburg-Emmons County, Union

Fargo Special Education Unit Mr. James P. Tronsgard Director of Special Education 1104 Second Ave. S., Fargo, ND 58103 (701) 241-4836	Fargo
Fort Totten Special Education Unit Ms. Sharon Cline, Director of Special Education Fort Totten Public Schools, Fort Totten, ND 58335 (701) 766-4241	Fort Totten, Fort Totten Community School
Grand Forks City Special Education Unit Mr. Frank Miller, Director of Special Education Hemmp Centre—Suite 109 1407 24 Ave. S., Grand Forks, ND 58201 (701) 772-7189	Grand Forks
Griggs/Steele/Traill Special Education Unit Dr. David N. Sapp, Director of Special Education Box K, Hillsboro, ND 58045 (701) 436-5860	Binford, Central Valley, Clifford-Galesburg, Cooperstown, Finley-Sharon, Hannaford, Hatton, Hillsboro, Hope, Mayville-Portland, Willow Lake
Heart of America Special Education Unit Ms. Mary C. Stammen, Director of Special Education 3 Ave. SW, Rugby, ND 58368 (701) 776-5655	Balta, Leeds, Rugby, Towner, Wolford
Lake Region Special Education Unit Dr. Donald P. Boehmer Director of Special Education Sports Center, Devils Lake, ND 58301 (701) 662-5036	Aneta, Bisbee, Border Central, Cando, Churchs Ferry, Crary, Devils Lake, Edmore, Egeland, Lakota, Langdon, McVille, Michigan, Milton, Minnewaukan, Munich, Osnabrock, Petersburg, Rock Lake, Starkweather, Tolna, Warwick
Lonetree Special Education Unit Mr. Ronald R. Vetter, Director of Special Education Rural Route 1—Box A-1, Harvey, ND 58341 (701) 324-4811	Anamoose, Bowdon, Drake, Esmond, Fessenden, Goodrich, Harvey, Hurdsfield, Maddock, McClusky, Selz, Sykeston, Turtle Lake-Mercer
Morton Special Education Unit Mr. Robert Licari, Director of Special Education 309 Collins Ave., Mandan, ND 58554 (701) 663-4902	Almont, Glen Ullin, Hebron, Little Heart, Mandan, New Salem, Oak Coulee, Sweet Briar

Northern Plains Special Education Unit Ms. Jenette C. Nelson, Director of Special Education Box 1059, Stanley, ND 58784 (701) 628-2007	Bowbells, Burke Central, Columbus, Flaxton, Palermo, Powers Lake, Stanley
Northern Standing Rock Special Education Unit Ms. Norma J. Streyle, Director of Special Education P.O. Box 14, Linton, ND 58552 (701) 254-4221	Belden, Fort Yates, Hanna, Menz, Selfridge, Solen
Oliver/Mercer Special Education Unit Mr. Barry E. Chathams, Director of Special Education Drawer E, Hazen, ND 58545 (701) 748-6383	Beulah, Center, Golden Valley, Hazen, Springbrook, Stanton, Zap
Peace Garden Special Education Unit Mr. Robert A. Neal, Director of Special Education 424 Main St., Bottineau, ND 58318 (701) 228-3743	Antler, Bottineau, Dunseith, Kramer, Lansford, Maxbass, Mohall, Newburg, Rolette, Rolla, Sherwood, Souris, St. John, Tolley, Upham, Westhope, Willow City
Pembina Special Education Unit Mr. Tom J. Cummings, Director of Special Education Box 238, Cavalier, ND 58220 (701) 265-8080	Cavalier, Drayton, Neche, Pembina, St. Thomas, Valley, Walhalla
Rural Cass County Special Education Unit Mr. James P. Tronsgard Director of Special Education 1104 Second Ave. S., Fargo, ND 58103 (701) 241-4879	Cass Valley North, Central Cass, Chaffee, Dakota, Kindred, Leonard, Mapleton
Sheyenne Valley Special Education Unit Mr. Malcolm J. Scott, Director of Special Education Miller Office Building Highway 94 West, Valley City, ND 58072 (701) 845-3402	Kathryn, Litchville, Maple Valley, North Central, North Sargent, Oakes, Oriska, Page, Valley City
Souris Valley Special Education Unit Mr. Ralph J. Charley, Director of Special Education 215 Second St. SE, Minot, ND 58701 (701) 857-4410	Bell, Berthold, Butte, Carpio, Donnybrook, Eureka, Garrison, Glenburn, Granville, Karlsruhe, Kenmare, Max, Minot, Nedrose, New Town, North Shore, Parshall, Plaza, Riverdale, Sawyer, South Prairie, Surrey, Thursby Butte, Underwood, United, Velva, Washburn, White Shield, Wilton

South Central Prairie Special Education Unit Ms. Patricia E. McCarthy Director of Special Education P.O. Box 7, Napoleon, ND 58561 (701) 754-2971	Ashley, Gackle, Lehr, Napoleon, Pettibone, Robinson, Steele, Tappen, Tuttle, Wishek, Zeeland
South Valley Special Education Unit Mrs. Sallie A. Daner, Director of Special Education Box 100, Hankinson, ND 58041 (701) 242-7031	Enderlin, Fairmount, Fort Ransom, Hankinson, Lidgerwood, Lisbon, Mantador, Milnor, McLeod, Richland, Sargent Central, Sheldon, Wyndmere
Southwest Special Education Unit Dr. Milton Wisland, Director of Special Education P.O. Box 365, Mott, ND 58646-0365 (701) 824-2937	Beisigl, Bowman-Eden, Carson, Cedar Butte, Central, Elgin, Flasher, Gilstrip, Hettinger, Leahy, Marmarth, Mott, Mud Butte, New England, New Leipzig, North Lemmon, Orange, Paranto, Reeder, Regent, Rhame, Scranton, Sheets, South Fork, Spring Butte
Turtle Mountain Special Education Unit Mrs. Gaylene L. Belgarde Director of Special Education Box 151, Belcourt, ND 58316 (701) 477-6471	Belcourt #7, Ojibwa Indian School, Dunseith Day Elementary
Upper Valley Special Education Unit Mr. Robert B. Linder, Director of Special Education 53 W. 5 St., Box 269, Grafton, ND 58237 (701) 352-2574	Adams, Edinburg, Emerado, Fordville, Grafton, Lankin, Larimore, Manvel, Midway, Minto, Nash, Northwood, Park River, Pisek, Rye, Thompson, Turtle River LeVant, Walshville
Wahpeton Special Education Unit Ms. Norma A. Nosek, Director of Special Education 1021 N 11 St., Wahpeton, ND 58075 (701) 542-5499	Wahpeton
West Fargo Special Education Unit Ms. Marlys E. Antonoplos Director of Special Education 207 W. Main, West Fargo, ND 58078 (701) 282-3344	West Fargo
Wilmac Special Education Unit Mr. Mike R. Ross, Director of Special Education 512 Fourth Ave. E., Williston, ND 58801 (701) 572-6757	Alamo, Alexander, Bowline Butte, Earl, East Fairview, Epping, Divide County, Grenora, Horse Creek, Mandaree, New, Ray, Rioga, Trenton, Watford City, Wildrose, Williston

NORTH DAKOTA HUMAN SERVICE CENTERS

REGION I - WILLISTON

Northwest Human Service Center
316 Second Avenue West
Box 1568
Williston, ND 58801
(701) 572-8126

Vira Stenehjem - Regional Director
Ernest Fix - VR Supervisor
Russ Pittsley - DD Coordinator

REGION II - MINOT

North Central Human Service Center
400 - 22nd Avenue NW
Minot, ND 58701
(701) 852-1251

David A. Snyder - Regional Director
Dennis Helmers - VR Supervisor
Nancy Bogner - DD Coordinator

REGION III - DEVILS LAKE

Lake Region Human Service Center
Highway 2 West
Devils Lake, ND 58301
(701) 662-7581

Duainne Bourcy - Regional Director
Curtis Sinness - VR Supervisor
Pat Nygaard - DD Coordinator

REGION IV - GRAND FORKS

Northeast Human Service Center
1407 - 24th Avenue South
Grand Forks, ND 58201
(701) 746-9411

P. Tim Harris - Regional Director
Herbert Schimmelpfennig - VR Supervisor
Sandi Noble - DD Coordinator

REGION V - FARGO

Southeast Human Service Center
15 North Broadway
Fargo, ND 58102
(701) 237-4513

Duane Lawrence - Regional Director
Duane Haug - VR Supervisor
Peg Dubord - DD Coordinator

REGION VI - JAMESTOWN

South Central Human Service Center
520 Third Street NW
Box 1743
Jamestown, ND 58401
(701) 252-2641

Rolf Storsteen - Regional Director
Clyde Grubbs - VR Supervisor
Nancy Exner - DD Coordinator

REGION VII - BISMARCK

West Central Human Service Center
600 South Second Street
Bismarck, ND 58501
(701) 255-3090

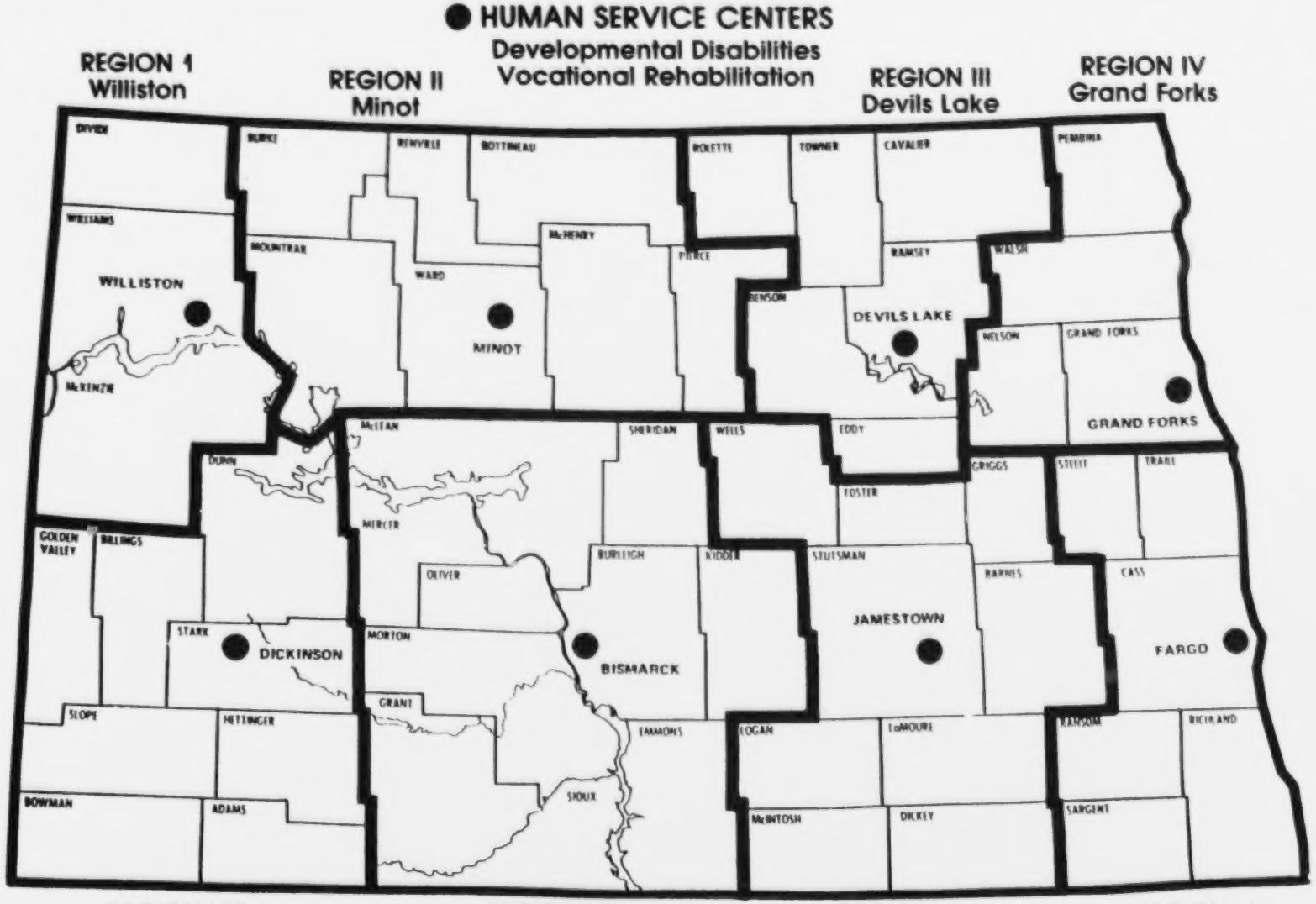
Erwin Bitz - Regional Director
John Lies - VR Supervisor
Harry Miller - DD Coordinator

REGION VIII - DICKINSON

Badlands Human Service Center
Pulver Hall - Dickinson State College
Dickinson, ND 58601
(701) 227-2771

- Regional Director
Dale Sattler - VR Supervisor
Gene Hysjulien - DD Coordinator

NORTH DAKOTA GOVERNOR'S EIGHT PLANNING REGIONS



10/85

JOB SERVICE NORTH DAKOTA

State Headquarters
(701) 224-2825

Job Service Offices

Bismarck Regional Office
216 North Second Street
(701) 224-2880

Beulah District
118 West Main Steet
(701) 873-5607

Mandan District
501 First Street NW
(701) 663-6461

Devils Lake Regional Office
301 South College Drive
(701) 662-2181

Rolla District
6 NW First Street
(701) 477-5631

Fargo Regional Office
1350 South 32nd Street
(701) 237-7113

Wahpeton District
524 Second Avenue North
(701) 671-2711

Minot Regional Office
3416 North Broadway Street
(701) 852-2164

Grand Forks Regional Office
2016 South Washington
(701) 781-3711

Grafton District
728 Hill Avenue South
(701) 352-2202

Jamestown Regional Office
429 Second Street SW
(701) 251-2256

Valley City District
223 North Central Avenue
(701) 845-7261

Williston Regional Office
422 First Avenue West
(701) 572-7771

Dickinson Regional Office
66 Osborn Drive
(701) 227-2361

ATTACHMENT F:
GLOSSARY

A

AAMD—American Association on Mental Deficiency

ABE—Adult Basic Education

Academic Ability—Competence in tasks required by school.

Accreditation—Recognition by a national organization of a licensee's compliance with a set of specified standards.

ACFMR—Accreditation Council for Facilities for the Mentally Retarded

Achievement Level—The position, rank or degree of success attained in some general or specific academic area as indicated by standardized tests or teaching judgment.

ACLD—Association for Children with Learning Disabilities

Adaptive Behavior—The effectiveness or degree with which the individual meets the standards of personal independent and social responsibility expected of his age and cultural group. Three aspects of this behavior are: 1) maturation, 2) learning, and/or 3) social adjustment.

Adult Day Care—Comprehensive and coordinated activities provided on an ongoing basis to adults with developmental disabilities residing in the community. Programs involve social, physical, recreational and personal care training and activity with emphasis on stimulation, exposure and community orientation and participation.

Adult Group Home—Designed to meet the needs of developmentally disabled individuals who can benefit from interaction of family living in a group home. Provides programs in the areas of self-help skills, social behavior management, and other needs as identified in the individual habilitation plan (IHP). Responsible for providing documentation of structured maintenance programs. The goal of the training home program is to allow individuals who are more substantially handicapped, but who do not require IFC/DD services, to reside in a family setting.

Adult Training—A continuing education program of developmentally disabled persons over sixteen including the areas of work habits, grooming skills, social skills and work training.

Advocacy—A program or situation in which agencies or individuals act on behalf of the interests of other individuals or groups.

AFDC—Aid to Families with Dependent Children

AFDC-UP—Aid to Families with Dependent Children (Unemployed Parents)

After-Care—Services provided following a period of hospitalization or "crisis care" to improve the clients' adjustment in the community and to avoid rehospitalization.

Alternate Living Arrangement—A residential program other than institutional care such as group home, foster home, etc.

Appropriation—In constitutional law, allotment of money by a legislature for a particular purpose.

ARC—Association for Retarded Citizens

ASHA—American Speech and Hearing Association

Associative Learning—When the first stimulus is experienced, the second tends to be recalled.

ASR—Adult Services Representative

B

Baseline—The usual level of functioning proficiency or state of an individual with respect to a particular characteristic. The frequency of occurrence of a behavior before intervention or treatment.

Basic Services—Those services required to be provided by an entity in order to obtain and maintain a license.

BEH—Bureau of Education for the Handicapped (National)

Behavior Modification—A structured, consistent system of reward and punishment to obtain a more desireable behavior. Emphasis is on observable, reassurable behavior and its antecedents and consequences.

Behavior Rating Scales—Measurement techniques or instruments providing classification of the level of an individual's adaptive behaviors.

Behavioral Disturbance—The breaking up of a usual pattern of coping with natural and social demands of the environment, commonly symptomatic feature of some other primary disorder, trauma, or malfunction.

Boarding Child/Care—(Boarding Care/Educational Placement). Provides residential services to school age handicapped children during the school week for purposes of access to educational program; the child resides within the natural family on weekends, holidays and vacations.

Borderline Intelligence—Intellectual functioning in the range of one to two standard deviations below the test mean (68 to 83 Standard Binet or 70 to 84 Wechsler I.Q. tests)

C

CAP—Community Action Program

CASE—Council of Administrators of Special Education (CEC)

Case Management—A process of interconnected steps designated by the North Dakota Department of Human Services and implemented by a specific individual, designated to maximize delivery of the full range of services to individuals with developmental disabilities.

CCS—Crippled Children's Service. Operated under state statute and the Social Security Act. The purpose of the program is to provide early identification and treatment of handicapped children. Crippled Children's Services consist of: the early location of crippled children, provision of diagnostic services and treatment, including medical, surgical, and hospital services for children who have certain crippling conditions, social services to children and their families.

CDR—Continuing Disability Review by Social Security

CEC—Council for Exceptional Children

CFA—Community Facilities Administration

CHAC—Community Health Advisory Council

CGH (Child Group Home)—Program designed to meet the needs of developmentally disabled children who can benefit from the structure and programs provided in small-group living. Child Group Homes provide service for ten children or fewer, with the children participating in community oriented programs. The community programs range from private day care to local public schools. The goal of the Child Group Home is to prepare the child to return to a family setting.

CHPA—Comprehensive Health Planning Agency

Class Action—Suit on behalf of a number of similarly situated persons, to obtain relief which will apply to the entire class.

Co-mingled Funds—Mixing funds for planning and services from a variety of federal and state sources.

Commitment (legal)—Assignment to custody, confinement or treatment by court order. This term is in contrast to medical, voluntary, or other administrative admissions procedures.

Community Residential Care—Care provided to a developmentally disabled person away from his own home but in a community setting; these facilities might take the form of group homes, hostels, halfway houses, or nursing homes.

Competency Tests (legal)—An evaluation of an individual to determine whether he is legally capable of making choices and, therefore, is legally accountable for his actions.

Competitive Employment—Individual is working in unsubsidized employment.

Comprehensive Service Delivery System—A full range of services which are meaningfully integrated as to be easily accessed by developmentally disabled clients and their families.

Congenital—Present at birth.

Congregate Care—A specialized program to serve the able-aged individual with developmental disabilities within a community group living arrangement.

CP—Cerebral Palsy

D

DAC—Day Activity Center

DACA—Day Activity Center Association

Day Activity—Training emphasis is stimulation, exposure, and reinforcement in activities of daily living, which includes daily living skills, self-awareness, physical development, grooming, hygiene, and ongoing preparation for the more production oriented Work Activity. Exit competencies of Day Activity are the entering competencies for Work Activity.

Day Care (Adult)—Comprehensive and coordinated activities provided on an ongoing basis to adult developmentally disabled individuals residing in the community; programs involve social, physical, recreational and personal care training and activity.

Day Care Services—Comprehensive and coordinated activities provided on an ongoing basis to preschool, school age, and adult developmentally disabled individuals residing in the community; programs involve social, physical, recreational, and personal care training and activity.

DD—Developmental Disabilities

DDA (or DDSA)—Developmental Disabilities (Service) Act

DDS—Disability Determination Service—determines disability benefits for Social Security.

Deinstitutionalization—The provision of appropriate alternative living arrangements to individuals currently served in institutions for the developmentally disabled.

Delivery System—Combination of institutions, persons, and social factors influencing the degree and quality of provision of health and social services.

Deprivation—Insufficient quantity, variability, redundancy, or discriminability of stimulation in the environment, the source may be cultural or maternal.

Developmental Disability—A severe, chronic disability of a person which:
- a. Is attributable to a mental or physical impairment or combination of mental and physical impairments.
- b. Is manifested before the person attains age twenty two.
- c. Is likely to continue indefinitely.
- d. Results in substantial functional limitations in three or more of the following areas of major life activity:
  1. Self-care
  2. Receptive and expressive language
  3. Learning
  4. Mobility
  5. Self-direction

6. Capacity for independent living
7. Economic sufficiency

e. Reflects the person's needs for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services which are of lifelong or extended duration and are individually planned and coordinated.

Developmental Day Activity—A physically separated department or entity having an identified program and separate supervision and records in which very basic functional skills are developed through repetitive instruction. Training emphasis is stimulation exposure and reinforcement in activities of daily living which include communication skills, education skills, self awareness, physical and emotional development, grooming, hygiene, and recreation. Skill development, when appropriate, would be preliminary to and in preparation for entry into a work activity program.

Developmental Work Activity—Those services provided in a workshop or physically separated department of a workshop having an identifiable program, separate supervision and records, planned and designed exclusively to provide therapeutic activities for workers with handicapping conditions whose physical or mental impairment is so severe as to make their productive capacity inconsequential as defined in 29 CFR 525 et seq.

Diagnostic Services—Include, but are not limited to, psychological, social, educational, and medical services necessary to identify the presence of a developmental disability, its cause and complications, and to determine the extent to which the disability limits (or is likely to limit) the individual's daily living and work activities.

DMCH—Department of Maternal and Child Health (State)

DOE—Department of Education

DOL—Department of Labor

Domiciliary Care—Provision of away from-home residence to a developmentally disabled person requiring 24 hour per day supervision.

Dull Normal Intelligence—At or near lower limits of average intellectual ability (I.Q. between 85-90)

DVR—Division of Vocational Rehabilitation

E

ED—Emotionally Disturbed

Educable—A person with mildly retarded intellectual and adaptive behavior who has either the potential or the proven ability to show independence or semi-independence in his environment and is able to learn academic skills through the sixth grade level.

ECF—Extended Care Facility

EEOC—Equal Employment Opportunity Commission

EFA—Epilepsy Foundation of America

EH—Emotional Handicap

EMH—Educable Mentally Handicapped

EMR—Educable Mentally Retarded

EPE—Extended Period of Eligibility for disability benefits under Social Security.

EPSDT—Early Periodic Screening Diagnosis and Treatment (Medicaid, Title XIX)

Evaluation Services—Systematic appraisal of pertinent physical, psychological, vocational, educational, cultural, social, economic,legal, environmental, and other factors of the individual and his family to determine the extent of limitations caused by the disability and to develop an individual program of services and actions.

Exceptional Children—Term for children who deviate significantly from average; the term is correctly used for both extremes, but most often refers to individuals with a disability.

Extended Care—Prolonged or continued care, supervision, protection, custody, etc. of an individual.

Extended Employment—A work situation in a supervised environment which provides remunerative employment opportunities for indefinite periods of time. Special minimum wages for handicapped workers in sheltered workshops are lower than the minimum wage, but not less than 50 percent of such wage.

F

Family Therapy—A form of psychotherapy in which the therapist works with the client and his immediate family.

Family Subsidy—Program provides financial assistance to parents who maintain their developmentally disabled child at home, or who have their child returned from an institution.

Federal Register—Federal government document in which laws and regulations are published.

Fixed Point of Referral—A person or agency in the county or state who knows all the resources available for the client, and to whom the client can be sent for referral to the appropriate services.

Follow Along Services—Establishment and maintenance of a counseling relationship on a lifelong basis with developmentally disabled individuals and their families, as desired, for the purpose of assuring that anticipated changes in needs and/or needs arising from crises are recognized and appropriately met.

Foster Care—An arrangement whereby an individual lives in a home not his own, frequently placed there under the supervison of a professional agency or institution.

Foster Care/Child—(Special Home Placement/Child Maintenance). Designed to meet the needs of developmentally disabled children who can benefit from the care and interaction with family living, but who have no natural family willing or able to meet their needs. The child is placed in a carefully selected private home in which a resident can live as a family member and receive care and/or training. The goal of the special home placement is that the family system will allow a developmentally disabled child to reach his or her maximum potential in an environment as normalized as possible.

Foster Care/Adult—(Adult Family Care). Consists of placing a developmentally disabled adult in a carefully selected private home in which the resident can live as a family member and receive care and/or training. The adult family home seeks to combine all the qualities and features unique to family living. Not necessarily meant to be a lifelong residence, the resident may later move to a more independent setting.

G

Group Living Home—A licensed home with suitable substitute parents for individuals with developmental disabilities, the situation promotes mutual communication, interaction, stimulation, social support, and access to community based programs.

Guidelines—Interpretations of the Regulations which further clarify implementation of a Public Law.

H

Habilitation—Development of skills and abilities.

Halfway House—A rehabilitation facility which provides a transitional supportive service and after care for those persons diagnosed as having mental or emotional handicaps, and who are in need of a structured environment, but not in need of a hospital or nursing home facility.

Handicapped Person—One who, because of physical, intellectual, or emotional impairment, is significantly hindered from learning, working, playing, adapting to the expectations or demands of society or doing the things other individuals the same age can do.

Home Care—Any type of care that is given to the client in his home.

Homemaker Services—Direct intervention by a qualified provider, in a home which maintains a handicapped person, to assist and enable the family in coping with the handicapped member by way of supplementing parental care and maintaining family unity; it is usually a temporary service in period of need.

Houseparent—An individual employed to provide supervision and guidance as a surrogate mother or father in a residential setting.

HUD—Housing and Urban Development (Department of)

I

ICF—Intermediate Care Facility. An identified and licensed intermediate care facility.

ICF/MR—A residential health facility operated pursuant to regulation under 42 CFR 442 et. seq. and certified for Title XIX of the Social Security Act.

ICF/DD—Intermediate Care Facility for the Developmentally Disabled, serving fifteen or fewer residents. This is a heavily supervised residence, with house parents providing 24 hour supervision on site. Individualized programs of training are developed by a qualified mental retardation professional and consist of basic health care and community living competencies. The exit competencies at this level of residence are the entering competencies needed in the Transitional Community Living Facilities.

IEP—Individual Education Program.

Infant Development Program—Systematic application, by certified professionals, of an individual program designed to alleviate and/or mediate the handicapping conditions in children age zero to three. This program involves training for parents as well.

Incompetent—A legal term for a person who, because of a mental defect, cannot be held responsible in certain legal procedures such as making a will, entering into a contract, or standing trial.

Independent Functioning—The ability of the individual to accomplish successfully those tasks or activities demanded of him by the general community, both in terms of survival demands and of typical expectations for specific age groups.

IPP (Individual Program Plan)—Upon final completion of the ISP and placement of the developmentally disabled individual into approved service settings an Individual Program Plan (IPP) must be developed by the service provider within thirty days of initial placement date.

An IPP will be required of each service setting and will document planned activities and service subobjectives of the individual respective to the service objective of the setting. The service provider will be required to send the IPP and its up dates or revisions to the parent and/or appropriate representative.

As a representative of the ISP team, the case manager reviews progress in each service need area at appropriate intervals.

Independent Living—Individual is residing in apartment, duplex, etc., and living independently.

Information and Referral Services—Provision of an up-to-date, complete listing of all appropriate resources, which can be made available and quickly accessible to the professional persons serving the disabled individual and his family so that they can refer them to the needed, appropriate, and most readily available resources. Also supports public information activities concerning the problems of the disabled.

Institution—A public or private facility or building(s) which provide(s) a constellation of professional services on a 24 hour residential basis including those directed toward the care, treatment, habilitation, and rehabilitation of the mentally and physically disabled, and which has been traditionally separated from the general population.

Intake and Release—Activities which lead to an individual's entry or exit from the service system.

IQ (Intelligence Quotient)—A numerical rating determined through psychological testing which indicates relative level of intelligence, formerly computed as the relationship of a person's mental age (MA) to his chronological age (CA), now computed as a standardized score compared with the tested individual's chronological age peers.

Intervention—Designed to identify individuals with problems related to mental illness, developmental disabilities, or other problems and enter them into the service system.

ISP—Individual Service Plan. The overall service plan for developmentally disabled individuals wishing to gain access to service settings. It is developed and approved by a team convened by the case manager for that purpose, and should be used whenever a client enters or leaves a service, and must be reviewed at least annually. (See definition of IPP.)

IRWE—Impairment Related Work Expenses pertaining to Social Security disability beneficiaries.

IWRP—Individually Written Rehabilitation Program.

IVEP—Individual Vocational Education Plan.

I & R—Information and Referral.

JKL

Job Placed/Competitive—The individual is working in a competitive job setting.

LEA—Local Education Agency.

Learning Disabilities—A disorder of the basic psychological processes involved in understanding or in using language, manifested in disorders of listening, thinking, talking, reading, writing, spelling or arithmetic. They include perceptual handicaps, brain injury, minimal brain dysfunction, dyslexia, developmental aphasia, etc. They exclude learning problems due primarily to visual, hearing, or motor handicaps, mental retardation, emotional disturance, or environmental disadvantage.

LD—Learning Disability.

Licensing—A governmental activity usually concerned with enforcing minimum standards of health and safety.

Life Skills—Those skills needed by the individual to function independently and successfully as an adult. These include independent living skills, problem solving and decision making, interpersonal relationships and vocational aptitude and interests.

Life Support Care—Care necessary for some profoundly retarded individuals with major biomedical problems (e.g. requiring oxygen, special feeding).

M

Measured Intelligence—The capacity to perceive and understand relationships as measured by a standardized general intelligence test.

Mental Age—The level of measured or judged mental ability or capacity of an individual as distinguished from the chronological age of the individual, usually as determined by an intelligence test.

Mental Health—Implies the capacity in an individual to form harmonious relations with others, and to participate in, or contribute constructively to, changes in his social and physical environment. Influenced by both biological and social factors. It is not a static condition but subject to variations and fluctuations of degree.

Mental Retardation—Significantly subaverage general intellectual functioning which originates during the developmental period and is associated with impairment in adaptive behavior.

MSLA (Minimally Supervised Living Arrangements)—Consists of a community complex where the individual rents a self-contained unit or a group home facility. Each has an available client advisor.

The MSLA is designed to meet the needs of developmentally disabled individuals who can benefit from interaction of family living in a group home. Provides programs in the areas of self help skills, social behavior management, and other needs as identified in the individual service plan (ISP). Responsible for providing documentation of structured maintenance programs. The goal of the training home program is to allow individuals who are more substantially handicapped, but who do not require IFC/DD services, to reside in a family setting.

MR—Mental Retardation.

Multiply Handicapped—A great number of developmentally disabled persons have one or more types of disabilities such as impaired hearing or vision, or poor muscular coordination accompanying their mental retardation, epilepsy and/or cerebral palsy.

NO

NARC—National Association of Retarded Citizens.

NCDD—National Conference on Developmental Disabilities.

NCLH—National Center for Law and the Handicapped.

NDACLD—North Dakota Association of Children with Learning Disabilities.

Nonverbal Ability—The power or special skill to perform an act or task, physical or mental, not involving the use of words, for example, mechnical ability.

Normalization—A philosophy of providing services to the developmentally disabled which promotes a life as much as possible like that of the rest of the community, including living in and access to community resources, and daily routine of work, education, recreation and home life, etc.

NRA—National Rehabilitation Association.

Nursing Home—A generic community facility capable of providing mentally handicapped persons, who have continuing medical needs, with 24-hour care, treatment, and activity.

OJT—On-the-Job Training.

OT—Occupational Therapy.

PQ

Parent Counseling—A service often provided by knowledgeable parents of retarded children to give moral support and guidance to parents of newborn or newly diagnosed retarded children.

Partial Hospitalization—A situation in which a client does not stay in the hospital 24 hours a day, but does spend more time in the hospital than is customary in the case of out-patients. Also termed Day Hospital or Night Hospital, these terms being applied according to the time when the client attends such a treatment program.

PASS—Program Analysis of Service System (An evaluation system)

Personal (or Life) Adjustment Training—Emphasizes the development of adjustment to work rather than the development of a particular skill. This may be achieved by long-term exposure to a real work situation stressing personal and social skills required to get along with others in a work setting, the development of work tolerence, appropriate work habits and emotional stability in responding to work pressures.

Personal Care Services—Designed to maintain health and well-being, including the provision of food, clothing, bodily care, and personal interactions as required to prevent regression and other complications. They must be provided in conjunction with one or more other appropriate services.

PL—Public Law

Examples:

PL 94-142 An amendment to the Education of Handicapped Children's Act of 1975 which is to insure that all handicapped children have available to them a free appropriate public education which includes special education and related services to meet their unique needs and to insure that the rights of handicapped children and their parents are protected.

PL 98-524 The Carl D. Perkins Vocational Act of 1984.

PL 93-112 The Rehabilitation Act of 1973 as amended by PL 95-602.

Prevention—Activities directed at the general population to impart greater understanding of the nature and causes of mental illness, developmental disabilities, alcohol abuse and/or other drug abuse, to effect attitudinal changes, and to take medical and environmental steps for the purpose of aiding persons before these problems develop into disabilities needing further services.

Preventive Psychiatry or Medicine—Aimed at prevention of disorders and diseases; that is, working with a problem before it becomes a serious disorder, and having concern for and attending to social factors in such disorders and diseases. May be: 1) primary-true prevention of illness or disability before it arises; 2) secondary—early detection and treatment of cases; or 3) tertiary—rehabilitation of chronic cases and the prevention of further breakdown.

Prevocational Training—Experiences in the classroom and laboratory which provide opportunities for students to explore a broad range of occupations and acquire limited skill development. Examples include: typing courses, industrial arts, general business, and job seeking and job keeping instruction.

Private Home—Residence in the home of parents or of other close relatives.

Protection and Advocacy Project—The purpose of the Protection and Advocacy (P&A) Project is to assure that persons with developmental disabilities have access to the treatment, services, and habilitation needed to ensure the protection of their legal and human rights. The Project has the authority to pursue administrative, legal, and other appropriate remedies to assert these rights.

Protective Services—A system of social, legal, and other appropriate services which assist individuals who are unable to manage their own resources or to protect themselves from neglect, exploitation, or hazardous situations without assistance from others, and which helps them exercise their rights as citizens.

Psychiatry—The medical science which deals with the origin, diagnosis, prevention, and treatment of mental and emotional disorders. May include such special fields as mental retardation, the emotional components of physical disorders, mental hospital administration, and the legal aspects of psychiatric disorders.

Psychological Testing—A method of studying people using psychological tests. These may be interest and ability inventories used for educational and vocational guidance, intelligence tests, projective tests for studying the personality, and various tests for evaluating the possibility of organic impairment of functioning.

Public School—Educational training and developmental services provided through the local educational agency.

R

Recreational Services—Provide for planned and supervised activities designed to: 1) help meet specific individual therapeutic needs in self expression, social interaction, and entertainment; 2) develop skills and interests leading to enjoyable and constructive use of leisure time; and 3) improve well being.

Rehabilitation—The process of improving an individual's skill or level of adjustment with respect to an increased ability to maintain satisfactory independent or dependent functioning such as self-care, employment, etc.

Resident (DD)—A client receiving services provided in any licensed residential facility.

Residential Facility—Public or private facilities offering 24-hour service which may include short term, long term, diagnostic, or special programs and may be used in a continuum of community services.

Respite Care for Developmentally Disabled Persons—Respite Care is a program funded through the Developmental Disabilities Division and the Easter Seal Society and administered by the Easter Seal Society. It provides trained personnel to provide short-term care for persons with handicapping conditions. This gives the family relief from the continuous care of an individual with special needs.

There are no restrictions related to income. Each family is requested to reimburse the Easter Seal Society up to one dollar per hour based on their ability to pay.

Each family is allocated 120 hours of Respite Care Service per year.

Regular babysitters or relatives may be used as a caregiver provided they are 18 years of age and have received training through this program.

Local coordinators in major cities may be reached through these numbers:
Williston — 572-8995
Minot — 839-4121
Devils Lake — 662-3544
Grand Forks — 772-0704
Fargo — 237-9908
Jamestown — 252-9514
Bismarck — 258-8198
Dickinson — 227-1559 or 264-1060

Rest Home—An identified and licensed basic care rest home provider.

S

Satellite Center—Entity associated with one or more UAFs which functions as a community or regional extension in the delivery of training, services and programs to the developmentally disabled, their families and service providers.

SBVE—State Board for Vocational Education.

SGA—Substantial Gainful Activity for Social Security purposes.

Sheltered Employment Services—Provision of a structured program of activities involving work evaluation, work adjustment, occupational skill training and paid, part-time or full-time employment for those who cannot be readily absorbed into the labor market because of severe disability. Such services may be provided in a center or in the developmentally disabled individual's place of residence.

Skilled Nursing Facility (SNF)—An identified and licensed skilled nursing facility.

SLA—Supported Living Arrangements. A program providing a variety of types of living arrangements that enable persons with handicapping conditions to enjoy choice and options comparable to those available to the general population. Clients entering this service shall have obtained those skills associated with independent living and the effects of any skill deficits shall be subject to mitigation by the provision of follow-along and training services.

Special Recreation Program—Provides skill training in recreation and leisure time activities to allow the individual to learn to participate in community-based recreation.

SSA—Social Security Administration.

SSDI—Social Security Disability Insurance under Title II of the Social Security Act. It provides disability insurance to the disabled wage earner and to the disabled widow and children.

SSI—Supplemental Security Income. It provides supplemental income to the blind and disabled and to the aged. Title XVI. Eligibility is based on need.

SSIDCI—Supplemental Security Income Disabled Children's Program or Income. It provides for the referral by the Social Security Administration, of blind or disabled Supplemental Security Income recipients who are under age sixteen, to a designated state agency (Community Services, Social Services Board) for case management services and/or other services as defined by regulations.

State Institution/Facility—An institution or facility that is owned and operated by the state of North Dakota: Grafton State School, San Haven, School for the Deaf, etc. This type of residence is for those whose program needs can only be served in a state operated program.

Substantial Handicap—A disability of such severity that it prevents the individual from participating in and benefitting from the social, economic, educational, recreational, or other opportunities generally available to his peers in his community who are not similarly handicapped.

Supported Employment—Supported employment is defined as paid employment for persons with disabilities for whom competitive employment at or above minimum wage is not immediately obtainable and because of their disabilities need ongoing support to perform their work. Supported employment is conducted in a variety of settings particularly work sites in which persons without disabilities are employed.

T

Technical Employment—Employment obtained for a client in the competitive labor market whereby an employer receives reimbursement for added supervision necessary to maintain the client's placement on a job.

Title XIX—Of the Social Security Act is the Medical Assistance program. It pays for a wide range of medical services from licensed medical providers for children and caretakers receiving AFDC or Supplemental Security Income (SSI). The program is also available to persons who meet the technical eligibility requirements of AFDC or SSI but who have sufficient income to meet their basic living needs though not their medical costs.

Title XX—Of the Social Security Act is the major funding source for the provision of human services by county social service boards, area social service centers, and human service centers. These services are available to individuals needing them who are AFDC or SSI recipients and income eligible individuals. There is a fee based upon an individual's ability to pay. Services are available to persons in need of protection from actual abuse, neglect, or exploitation without regard to income, and with no fee. The Community Services Division publishes annually a Comprehensive Plan regarding Title XX services and identifying the services available.

Temporary Care Home—Any setting offering the retarded person care on a temporary basis, giving parents a resource in case of family emergencies or vacations.

Therapeutic Community—Specially structured environment which encourages the client to function within the range of social norms. Special education techniques are used to overcome the client's dependency needs and to encourage him to assume personal responsibility to speed the social rehabilitation of himself and the group.

TMR—Trainable Mentally Retarded.

TMH—Trainable Mentally Handicapped.

Training Services (DD)—A planned and systematic sequence of instruction, in formal and informal activities, based on appropriate evaluation and objectives designed to: 1) develop skills in performing activities of daily living including self help, motor skills, and communications; 2) enhance emotional, personal, and social development; 3) provide experiences conducive to the acquisition of a positive self concept and a desire to learn; and 4) provide experiences for gainful useful occupational and prevocational skills.

Transfer of Training—The effect of learning one thing upon the learning of another; retarded children are believed to have more difficulty in transfer of training than their age peers.

Transitional Community Living Facility (Transitional CLF)—A moderately supervised residence for nonpermanent clients with house parents responsible for meal preparation and whose presence is required during evenings and nights. Individual programs consist of more sophisticated social and community living skills development. The exit competencies at this level are the entering competencies for Minimally Supervised Living Arrangements.

Transitional Employment—A program of specific job training for a client in the competitive labor market whereby staff support is provided to modify that client's behavior and the work environment. The training period is time limited with gradually decreasing on site supervision.

Transportation Services—Transporting of individuals, by public or private paid conveyance, to and from the places in which they are receiving other services. Does not include transportation furnished by a relative.

Treatment Services—Provision of interventions which halt, control, or reverse processes which cause, aggravate, or complicate developmental disabilities. May include surgical procedures, dietary controls, chemotherapy, physical therapy, speech therapy, behavioral modification, dentistry, medical treatments, and other services as indicated by the needs of the individual being treated.

Trial Work Period (TWP)—Limited time when a person may work in competitive employment and continue to receive Social Security disability benefits.

UV

UCPA—United Cerebral Palsy Association.

University Affiliated Facility (UAF)—Entity associated with or an integral part of a university and which aids in demonstrating the provision of specialized services for diagnosis and treatment of persons with developmental disabilities and provides education and training (including interdisciplinary training) of personnel needed to render services.

Verbal Test—An intelligence test or sub test which requires the use of language to understand and in which words play a critical part in determining whether one can make the required responses (see also measured intelligence).

Vocational Development (DD)—A program of vocational preparation preliminary to competitive or extended employment, administered through a rehabilitation facility subject to 29 CFR 525 et seq., for participants who have demonstrated productivity in excess of fifty percent of normal. The service shall be a physically separate department of a workshop, with separate supervision and records, and with a separately identifiable program. Vocational education and training may be provided in a manner or setting not subject to regulation by the Department of Labor.

Vocational Evaluation—A systematic and organized methodology section employed to determine an individual's vocational assets, limitations, and behavior in the context of work environments.

VR—Vocational Rehabilitation.

WXYZ

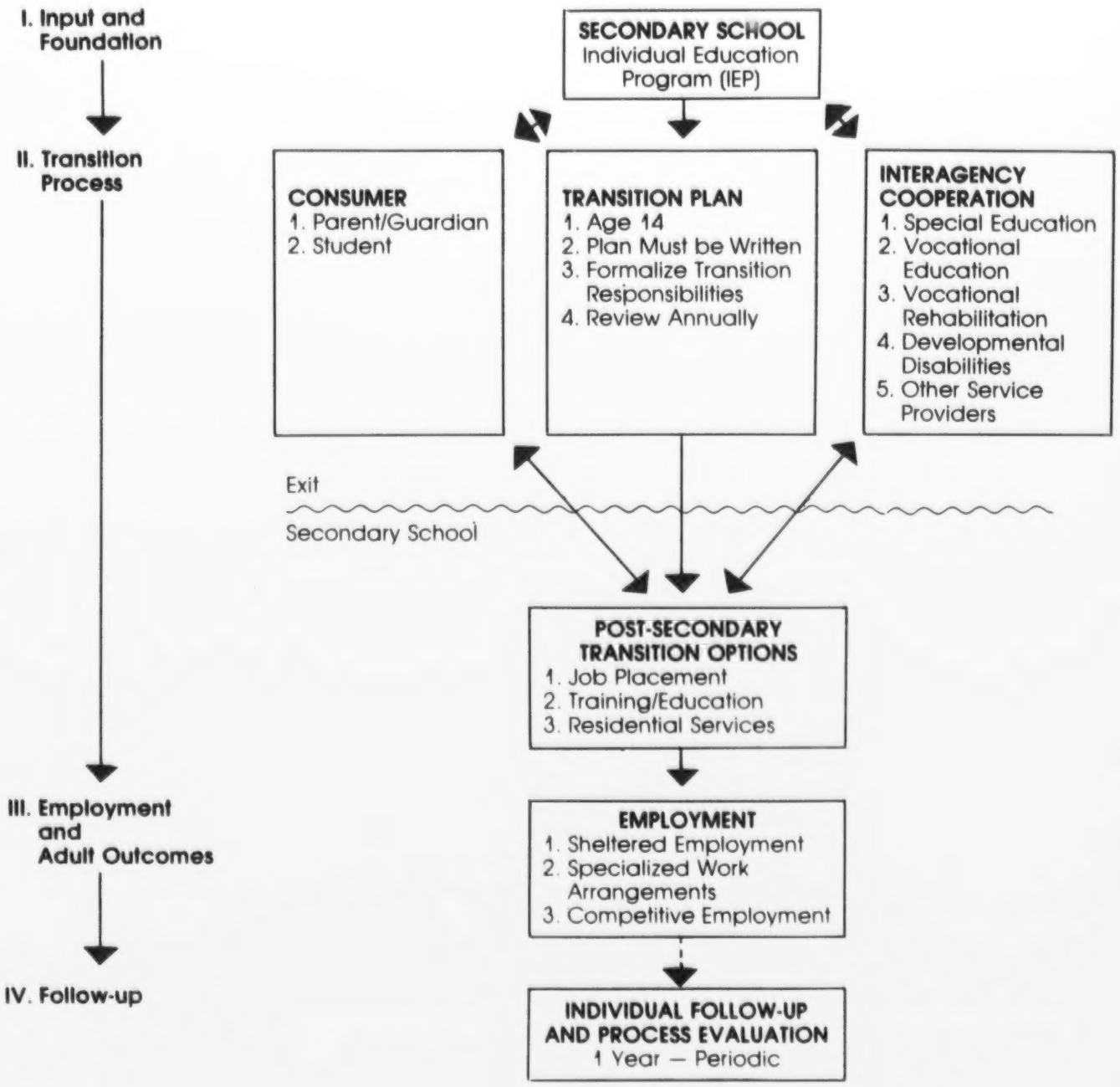
Work Activity—Those services provided in a workshop, or physically separated department of a workshop having an identifiable program, separate supervision and records, planned and designed exclusively to provide therapeutic activities for handicapped workers whose physical or mental impairment is so severe as to make their productive capacity inconsequential as defined in 29 CFR 525 et seq.

Work Activity Center—See Sheltered Employment Services.

Work Adjustment—A terminal phase of the occupational training program in which the client spends his full time on the job under employer and agency supervisors.

ATTACHMENT G:
FOUR-STEP TRANSITION MODEL

A FOUR-STEP TRANSITION MODEL FOR SCHOOL-TO-EMPLOYMENT-AND-ADULT SERVICES FOR INDIVIDUALS WITH HANDICAPS



The Department of Public Instruction, the Department of Human Services, and the State Board for Vocational Education do not discriminate, and will support no individual, agency, or institution that discriminates, on the basis of sex, race, color, religion, national origin, handicap, age, or status with regard to marriage or public assistance.